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|  | **Wrocław University of Science and Technology****Faculty of Management** |  |

Wrocław, date: .............................

# Student’s name and surname: ……………….………………..

# Student’s number: …………..…..

Faculty of Management

# Field: ……………….……..

# Year: ….. , semester: …...

Studies degree: …...

To

Dean of the

Faculty of Management

**About: The resumption of study**

I kindly ask for the resumption of study from semester WINTER/ SUMMER 20…..

*………………………….*

 student’s signature