**Request for granting the active dean’s leave**

Wrocław, on

Student’s name:

Student’s number:

Correspondence address:

Contact (telephone number, e-mail address):

Field of study:

Year of study:

Studies: first/second cycle, full-time/part-time

**Mr / Ms**

**Deputy Dean of the Faculty of Languages, Literatures and Cultures of the University of Wrocław**

I hereby request you to grant me an active dean’s leave for the semester

of the academic year .

During the active dean’s leave of absence, I plan to complete the following courses:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Course name | Instructor’s name | Course form | Number of ECTS |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

**Note: The sum of ECTS credits obtained for the courses completed during the dean’s leave may not exceed half of the ECTS credits provided for in the study programme for the semester/year.**

My request is justified by the following facts:

At the same time, I declare that I have passed the previous, i.e.

semester of study.

I have attached the following documents:

Yours sincerely,

*(handwritten signature)*

Opinion and signature of the relevant institute/chair deputy head: