**Request for granting the retroactive 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 the retroactive dean’s leave of absence for the

 semester of the academic 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 attach the following documents confirming my health condition/disability:

During the period covered by the leave of absence, I received a social grant: YES / NO

Yours sincerely,

*(handwritten signature)*

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