Wrocław, date ………………

# Name and surname: ……………………..

# Student no: ………………………………

# E-mail: ......................@student.pwr.edu.pl

# Address: ………………………….

# Faculty/Branch: Faculty of Fundamental Problems of Technology

# Field of study: ………………………..

# Specialty: ……………………………..

# Year of study: ………, semester: …………..

# Form of study: Full-time

# Level of study: First-cycle studies/Second-cycle studies

Profile: academic

**Vice-Dean for Education**

**Faculty of Fundamental Problems of Technology**

# **Wroclaw University of Science and Technology**

**Subject: Medical leave**

In accordance with the Study Regulations at the Wrocław University of Science and Technology, I kindly request Your approval for a medical leave in the winter semester 2024/2025.

Justification:

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 Student’s signature