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| **Application to annul the removal from the list of students**  |

Dąbrowa Górnicza, ……………………….

Name and surname: ……………………………..

Field of study: …………………………….

Mode of study: full-time/part-time

Current semester:………………………

Group:

Register number: …………………………….

Phone number:……………………………..

e-mail:…………………………………..

 **The Rector**

 **WSB University**

I kindly request your approval for annulling the removal from the list of students in the academic year 20……./20…..., in the *winter/summer* semester\*.

 Justification:

………………………………………………………………………………………………....................

………………………………………………………………………………………………....................

……………………………………………………………………………………………………………

 Yours sincerely,

Enclosures:

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| **Dean’s Office** |

Acknowledgement of receipt of the application by an administrative employee in charge of the semester:

………………….. ………………

 date stamp and signature

Notes:

………………………………………………………………………………………………....................

……………………………………………………………………………………………………………

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| **Dean** |

The student is eligible /is not eligible\* for the annulment of the removal from the list of students.

Justification:

………………………………………………………………………………………………....................

………………………………………………………………………………………………....................

……………… ……………………….

 date Dean’s stamp and signature

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| **Rector** |

Rector’s decision:

I agree / I do not agree\* to annul the removal from the list of students in the winter/ summer semester, in the academic year 20../20….

……………… ………………………. …………………………

 date Rector’s stamp and signature I accept – Student’s signature

\* delete as applicable