



Resignation from continuing study

Kraków,

Name and surname:
Field of study:
Program: First-cycle / Second-cycle
Mode of study: full-time / part-time
Current semester:
Register number:
Phone number:
e-mail:

**The Dean
of the Campus Kraków of
the WSB University**

I hereby declare that I resign from continuing study at the WSB University.

Justification:

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.....
.....

Yours sincerely,

Enclosures:

Dean's Office

I acknowledge receipt of the application.

.....
date

.....
stamp and signature

Notes:

.....
.....

Dean

Confirmation of the receipt of the declaration.

I accept

.....
date

.....
Dean's stamp and signature

.....
I accept – Student's signature