

**Resignation from continuing study**

Dąbrowa Górnicza, .....

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 Faculty of Applied Sciences  
the WSB University**

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

Justification:

.....  
.....  
.....

Yours sincerely,

.....  
Student's signature

**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