

WSB University

Dąbrowa Górnicza,

	(date)
Resi	gnation from continuing study
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 International Dean's Office of the
	Faculty of Applied Sciences the WSB University
I hereby declare that I resign from continu	ing study at the WSB University.
Justification:	
	Yours sincerely,
	(signature of the applicant)
Dean's Office	
Dean's Office	
I acknowledge receipt of the application.	
Tacknowledge receipt of the application.	
date	stamp and signature
Notes:	
Dean	
Confirmation of the receipt of the declaration	on.
_	
I akcept	
date I	Dean's stamp and signature Laccent – Student's signature