***(Application for a research leave*** *– version for CUD)*

………………………………………………………….…………….. Lodz, ……………………………

student’s first name and surname

………………………………………………………………………..

PESEL (Personal Identification Number)

first cycle degree studies, second cycle degree studies, long-cycle Master’s degree studies**\***

full-time studies, part-time studies **\***

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

Faculty, programme, major, semester, year of studies

…………………………………………………………………..……..

register no.

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

correspondence address, telephone no.

**Application for a leave**

I would like to ask you for a leave from classes due to illness/fortuitous event/birth of a child/taking care of a child/other justified reasons**\*** in semester ......................... in year ………

in the academic year ………………………..………

**Justification** ……………………………………………………………………………………………..

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……………………………………...

student’s signature

\* delete as appropriate