

Application was submitted at the Dean's Office:

\_\_\_\_\_  
(date, signature and stamp of Dean's Office Registrar)

Katowice, .....  
date

Student name : \_\_\_\_\_  
Student ID # : \_\_\_\_\_  
Major : medicine  
Specialty : N/A  
Year of study : \_\_\_\_\_  
Phone number / E-mail: \_\_\_\_\_  
Mailing address : \_\_\_\_\_

**Marek Waluga, MD, PhD**  
**Vice-Dean of the School of Medicine**  
**Medical University of Silesia**  
**in Katowice**

### APPLICATION FOR LEAVE OF ABSENCE

I hereby request a Leave of Absence (LOA):

- 1) long-term
  - a) sick LOA
  - b) LOA due to circumstances
- 2) short-term\*

from ..... to .....

Reasoning:

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

Enclosures:

- 1.
- 2.

.....  
Student signature

Leave of Absence has been **approved / disapproved\*** for the period .....

.....  
Date and Dean's signature

\* delete as appropriate