

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 : _____

Professor Tomasz Francuz, MD, PhD
Dean of the Faculty of Medical Sciences
in Katowice
Medical University of Silesia in Katowice

APPLICATION FOR LEAVE OF ABSENCE

I hereby apply for a Leave of Absence (LOA):

- 1) long-term
 - a. sick leave
 - b. 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