

Application was submitted in the dean's office:

(Date, signature and stamp of employee from the dean's office receiving the application)

Załącznik Nr 34
do Zarządzenia Nr 93/2023
z dnia 03.07.2023 r.
stanowiący Załącznik Nr 46
do Zarządzenia Nr 159/2012
z dnia 19.09.2012 r.

.....on.....

Surname and first name:

Student register no.:

Major:

Specialization:

Degree:

Form of studies:

Date of commencement of studies:

Year of studies:

Telephone/email in the @365.sum.edu.pl domain:

Address of correspondence:

**Dean of
Faculty.....
of the Medical University of Silesia
in Katowice**

APPLICATION

I hereby kindly request to be granted the following **type of leave:**

long-term

short-term

on account of:

long-term disease

obtaining education outside of the University

random causes.

from.....

Justification:

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

Appendices:

1.

2.

Student signature

I grant consent/do not grant consent* for the leave:

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

Date and signature of authorized person

* delete as appropriate