

CHORZÓW, DATE .....

**NAME AND SURNAME:** .....

**STUDENT ID NUMBER:** .....

**MODE:** FULL-TIME / PART-TIME

**STUDIES:** FIRST-CYCLE / SECOND-CYCLE / LONG-CYCLE MASTER'S STUDIES

**YEAR OF STUDY:** I / II / III / IV / V

**PROGRAMME (FIELD OF STUDY):** .....

**TEL. NO:** .....

**E-MAIL:** .....

**DR HAB.**

**RYSZARD SOWIŃSKI, PROF. UWSB MERITO**

**RECTOR**

**UNIWERSYTET WSB MERITO**

**IN POZNAŃ**

**REGARDING: REVERSAL OF THE DECISION ON REMOVAL (REGARDING  
PROGRESS OF STUDIES)**

I AM KINDLY REQUESTING APPROVAL FOR THE REVERSAL OF THE DEAN'S  
DECISION ON REMOVAL

DATED .....

I JUSTIFY MY REQUEST WITH THE FOLLOWING:

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.....  
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I HEREBY SUBMIT THE FOLLOWING ATTACHMENTS:

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**SIGNATURE**