

CHORZÓW, DATE .....

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

**STUDIES:** FULL-TIME / PART-TIME

**STUDIES:** FIRST-CYCLE / SECOND-CYCLE

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

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

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

**CONTACT TEL.:** .....

**DR KRZYSZTOF KOJ**

**DEAN**

**OFF-CAMPUS FACULTY**

**IN CHORZÓW**

**WSB MERITO UNIVERSITY**

**IN POZNAŃ**

REGARDING: REMOVAL FROM THE LIST OF STUDENTS

I AM KINDLY REQUESTING APPROVAL FOR REMOVAL FROM THE LIST OF STUDENTS OF THE OFF-CAMPUS FACULTY IN CHORZÓW OF WSB MERITO UNIVERSITY IN POZNAŃ. THE REASON FOR MY RESIGNATION IS

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STUDENT'S SIGNATURE