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|  | **Wrocław University of Science and Technology**  **Faculty of Computer Science and Management** |  |

Wrocław, date: .............................

# Student’s name and surname: ………………………..

# Student’s number: ………..

Faculty of Computer Science and Management

# Field: ………………..

# Year: … , semester: ….

Studies degree: ….

To

Dean of the

Faculty of Computer Science and Management

**About: The resumption of study**

I kindly ask for the resumption of study from semester WINTER/ SUMMER 20…..

*………………………….*

student’s signature