

Łódź,

.....
(student's first name and family name)

.....
(programme of studies, mode of study)

.....
(Faculty, term, academic year, student identification number)

.....
(mailing address, phone, e-mail)

**Vice-Dean for Student Affairs
of the Faculty of Management, University of Lodz**

Request for a leave of absence from study

I request a leave of absence in the summer/winter* semester:

Statement of reasons:

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.....

Attachments:

.....
.....

.....
(student's signature)

* Cross out whichever does not apply.