				Łódź,			
First name and	Management, UL						
-	_						
	gramme:						
•	tion:						
Full-time s	studies /part-time stu	ales*; 2na-cycle	studies / 1st-cy	cie studies*			
vear of st	tudies student's album						
address for co	rrespondence, phone number						
			Via	o Doon for Children Aff	-:		
	Vice-Dean for Student Affairs Faculty of Management, UL						
			Гас	cuity of Management, C)L		
CONCERN	S THE RESUMPTION C	F STUDIES					
Ιa	m asking to have	my studies res	sumed from th	ne winter/summer semes	ter of the 20.	/ 20	
academic	year. I am asking th	at my request	be considered	positively.			
				the student's signati	ıro		
				the student's signate	ar c		
I declare	that I am aware tha	at in accordance	ce with the Reg	gulations of Study, 5, poir	nt 2, subpoint a	a), in the	
whole co	ourse of studies I ca	n repeat/resun	ne each semes	ter only once (besides th	e first semeste	r, which	
must not	: be repeated/resum	ned). After repo	eating a given s	semester, I will not be abl	e to get an app	oroval to	
				the lack of passing the s			
						_	
-				Il be crossed off the stu			
possibilit	ty to continue the	studies. I wi	ll be able to	begin the studies anev	after going	through	
recruitme	ent				pro	ocedure.	
To be fille	ed by the Dean's Of	fice:					
The stude	ent has passed the	semes	ster of the 20	/ 20 Academic year. I	He/She was cro	ssed off	
the	students	list	on	,	due	to	
tiic	Students	1130	OII		uuc	ιο	
		date and signature of t	e of the Dean's Office				
				employee			