**REQUEST FOR GRANTING THE RETROACTIVE DEAN’S LEAVE**

Wrocław, on

Student's name and surname:

Student’s identification number:

Place of residence:

Contact (e-mail address, phone number):

Field of study:

Year of study:

Studies: first-cycle/second-cycle full-time/part-time

**Mr/Ms**

**vice-dean of the Faculty of Letters of the University of Wrocław**

I hereby request for the retroactive dean’s leave in the semester

of the following academic year:

My request is justified by the following fact(s):

I enclose the following documents confirming my health condition/disability:

In the dean’s leave period I received the social grant: YES / NO

Opinion and signature of the institute’s/chair’s head/vice-head for teaching

Yours sincerely,

(handwritten signature)