|  |  |
| --- | --- |
| znak-AWFACULTY OF ARCHITECTURE POZNAN UNIVERSITY OF TECHNOLOGY | Poznan, date………………………. |

|  |  |  |
| --- | --- | --- |
| ………………………………………………...……………….…Name and surname……………………………………..……….…………….………Album numberArchitectureFull-time studies 1st cycle/ 2nd cycle\*Semester 1 2 3 4 5 6 7………………………………………………...…………..……Address for correspondence…………………………………………………..……..………Phone number |  | **Vice-dean for Students****dr inż. arch. Barbara Świt-Jankowska** |

**Concerns: Granting short-term leave of absence**

I kindly request to grant personal/health/emergency\* leave from ....... to ....... (maximum 5 weeks).

Explanation …………………………………………………………………..…………………………………………………………………………… ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………

Attachments: ……………………………………………………………………………………………….

 ……………………………………………………………………………………………….

 ……………………………………………………………………………………………….

……………………………………………..

Signature of student