**Student** Warsaw, date ………………………..

date of receipt by the Dean’s Office

………………………………………………………………….

(name/names and last name)

………………………………………………………………….

(index number)

………………………………………………………………….

(address – place of residence)

………………………………………………………………….

………………………………………………………………….

(address of correspondence if different to the above)

………………………………………………………………….

(phone number and e-mail)

 **Assoc. Prof. Jacek Sieńko, MD, PhD**

**Deputy Dean for English Division Faculty of Medicine**

**Application for readmission to the Course of Study**

I am writing to request permission to **resume my studies** in the field of ………………………………….., full-time master's program, in the …………… semester of the ………… year.

Justification:

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 (student’s signature)