Place: ………………………………….………………………………. Date: …………………………………………….

# Student

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

Name/names and last name

……………………………………………………………………………….

album number / ORS ID number

6-year Medical Program

field of study

year of study, semester

……………………………………………………………………………………………………………………………….. Phone number and email

……..………………...…………………………………….

date of receipt by the Dean’s Office

# Deputy Dean

Assoc. Prof. Jacek Sieńko, MD, PhD. Faculty of Medicine, English Division Medical University of Warsaw

# APPLICATION

I hereby request to be allowed Dean's leave for the academic year 2025/2026. Reasons:

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

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

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

………………………….………………………………………….

student's signature

# DECISION OF THE DEAN

I consent to the Dean's leave in term .........................................................................................................

Date ....................................... Dean's signature and seal ……....................................................................

I do not consent to dean's leave. Grounds:

................................................................................................................................................................... Date ....................................... Dean's signature and seal ……....................................................................