Wrocław, date …………

# Name and surname:

# Student ID:

# E-mail:

# Adress:

# Faculty:

# Field of study:

# Speciality:

# Year of study: ………, semester: ….

# System: Stacjonarne /Full-time

# Level of studies:

#  **JM Rektor**

#  **Politechniki Wrocławskiej**

**Concerns: Resignation from studies (Rezygnacji ze studiów)**

# I declare that I want to resign from the studies at the Faculty: ……………………………… **,**

#  Field of study: **……………………………………………**

#  .........................................

 Podpis studenta (Signature)