

**REQUEST FOR GRANTING THE RETROACTIVE DEAN'S LEAVE**  
**(PODANIE W SPRAWIE: Udzielenia wstecznego urlopu dziekańskiego)**

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)