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

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| ………………………………………………...……………….…  Name and surname  ……………………………………..……….…………….………  Album number  Architecture  Full-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 long-term leave of absence**

I kindly request to grant personal/health/emergency leave for two semesters  
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in academic year

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

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

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Signature of student