………………………………………………….. Lublin, …………………………………..

(name and surname of the student) (date)

………………………………………………………………..…

(field of study and mode of study)

……………………………………………………………….….

(address)

……………………………………………………………….….

(e-mail)

……………………………………………………………….….

(phone number)

**Dean for**

(name of field of study)

I am kindly asking for the **resumption of studies after the dean's leave**. My request is motivated by the desire to continue my education at the University College of Enterprise and Administration in Lublin from the ………………….… semester in the academic year …………… in the field of ………….………………………….……………………………………………. in the ………………….…………… mode.

Please accept my application request.

………………………………………………

(student's signature)

**Dean's decision:**

**I approve\*/ I do not approve\***

...................................................................................................................................................................................................................................................................................................................................... ...................................................................................................................................................................

………………………………………………

(date and signature)

received …………………..

handed over to the treasury .....................