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

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| ………………………………………………...……………….…Name and surname……………………………………..……….…………….………Album numberArchitectureFull-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. Piotr Zierke** |

**Concerns: Granting short-term leave of absence**

I kindly request to grant personal/health/emergency\* leave from ....... to ....... (maximum 5 weeks).

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

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

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Signature of student