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**…………………**

*/ date/*

**Name:**

**Phone number:**

**Full-time / Part-time**\*

**Major: Computer Science/Mathematics/Data Analysis**\*

**First-cycle/Second-cycle/First-cycle engineering**\*

**Year of studies:**

**Semester:**

**Specialty:**

**Student ID number:**

***Associate Dean for
Academic and Student Affairs
Faculty of Mathematics and Computer Science
University of Lodz
dr Monika Bartkiewicz***

**Request for a leave of absence**

I ask for granting me a leave of absence from study in connection with:

illness/ force majeure/ childbirth/ infant care/ other justified causes\* in the .............. semester of the ....... year in the academic year .................. .

Justification of the request:

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

\* underline appropriate

**Enclosures:**

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

*/Student’s signature/*