Opole, *(fill in!)…………………..*

|  |  |
| --- | --- |
| Forename and surname: | *(fill in!)* |
| Student registration number: | *(fill in!)* |
| Year and field of study: | *(fill in!)* |
| Telephone number: | *(fill in!)* |
| E-mail address: | *(fill in!)* |

dr hab. Adam Drosik, professor of the University of Opole

Dean of the Faculty

of Political Science and Social Communication

**Application for permission**

**to be absent from classes**

Pursuant to § 37 of the University of Opole Study Regulations of 29 April 2021, I hereby request permission to be absent from classes during the following period:

*(fill in!)……………………………………………………………………………………………………..*

Justification for the application:

*(fill in!)……………………………………………………………………………………………………..*

Respectfully yours

*(fill in!)………………………………………*

Faculty Dean’s decision:

……………………………………………………………………………………………………………………………………………………………………………………………………