Opole,date………………………..

|  |  |
| --- | --- |
| Forename and surname: |  |
| Student registration number: |  |
| Year and field of study: |  |
| Telephone number: |  |
| E-mail address: |  |
| Address for correspondence: |  |

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

Dean of the Faculty

of Political Science and Social Communication

**Application for permission**

***……………………………………………..***

Pursuant to § *…………* of the University of Opole Study Regulations **(Appendix to uniform text: Resolution No. 167/2020-2024 of the Senate of the University of Opole of 11 April 2022),** I hereby request permission ………………………………………………………

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Justification for the application:

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Respectfully yours

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