Opole, date………………………….

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

Dean of the Faculty

of Political Science and Social Communication

**Application for permission**

**to regain the status of a student and to continue to study at the University**

Pursuant to § 27 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 to regain the status of a student and to continue to study at the University from semester……………………in the academic year……………………

Justification for the application:……………………………………………………………….

…………………………………………………………………………………………………

Respectfully yours

……………………………………………

Faculty Dean’s decision:

…………………………………………………………………………………………………..…………………………………………………………………………………………………..