

.....

place and date

.....

First and last name

.....

Student's book number

.....

.....

Address, phone, e-mail

**Dr hab. KAMILLA BARGIEL-MATUSIEWICZ, prof. ucz.
VICE-DEAN FOR STUDENTS AFFAIRS
FACULTY OF PSYCHOLOGY
UNIVERSITY OF WARSAW**

APPLICATION FOR RESUMPTION OF STUDIES AT WISP

I kindly ask you to resume full-time studies on the fifth year in the academic year

in order to defend the diploma thesis that was submitted by my supervisor on.....

I declare that the scheduled date of completion of my studies was initially set to

Justification:

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.....

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At the same time, I undertake to make timely payment of fees for resumption.

Kind regards,

.....

signature

Date of removal from the list of students

DECISION OF THE VICE-DEAN FOR STUDENTS AFFAIRS:

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.....

.....
signature

Resumption of studies is possible provided that the payment for educational services for the previous period of study has been settled with the Faculty

The student submits an application to the WISP Office