

Toruń,

.....
First and Last Name

.....
Course and year of study

.....
Student's ID number

.....
Address

.....
Phone number

Vice-Dean for Student Affairs
The Faculty of Philosophy and Social Sciences
Nicolaus Copernicus University in Toruń

APPLICATION FORM

I would like to ask about the reinstatement on list of students on the year
of study on programme:
in academic year 20...../20..... after completed dean's / health leave.

.....
Student's signature