

Warsaw, date _____

(full name)

(correspondence address)

(phone number)

(student ID number)

**Dean of the Faculty of Medicine and Dentistry
Medical University of Warsaw**

RESIGNATION FROM STUDIES

I hereby resign from my studies at the Faculty of Medicine and Dentistry at the Medical University of Warsaw in the field of _____, full-time/part-time studies¹, long-cycle Master's studies/first-cycle (Bachelor's)/second-cycle (Master's) studies², conducted in Polish/in English³ and I request to be removed from the student register.

I also declare that I am aware that:

- 1) As of the date of delivery of this resignation to the Dean, the procedure for removing me from the student register is initiated;
- 2) On the date I receive the decision fully accepting my resignation, i.e., removing me from the student register, the decision will be final and not subject to appeal or reconsideration;
- 3) On the date I receive the decision fully accepting my resignation, i.e., removing me from the student register, I will lose my student status.

student's full name and signature

¹ Delete as appropriate

² Delete as appropriate

³ Delete as appropriate