1398040000.441.6.

Łódź (date) ………………………

………………………………………………

student's name and surname

……………………………………………..

student’s residential adress

……………………………………………..

student’s album number

……………………………………………..

field of study

 **Dean of the Faculty** ……………………………………….

**DECLARATION**

I hereby waive the right to appeal against the decision of the Dean of the Faculty …………………………………………………………………………………………………..on (date) ………………… on removal from the list of students ……………..year /semester\* studies in the field of ………………………………………………………………… ……………………………….........................................

At the same time, I declare that I know and understand the consequences of waiving the right to appeal, referred to in the instruction to the above-mentioned decision.

 …………………………………………….

 signature

\* delete as appropriate