

Warsaw,

(date)

English Dentistry Division Students

(name and surname).....

(student ID No).....

(year of studies, term).....

(e-mail)

Dean
Professor Dorota Olczak-Kowalczyk,
DMD, PhD
Faculty of Medicine and Dentistry
Medical University of Warsaw

STATEMENT OF RESIGNATION FROM STUDIES

I declare that I am resigning from my studies at the Medical University of Warsaw in the program at the Faculty of Medicine and Dentistry in the academic year..... and I request to be removed from the list of students.

With kind regards,

.....

(Student's signature)