Jan Kochanowski University of Kielce
Faculty of Medicine

Kielce …… 20……

……..……...……
(first name and surname)

……...……..…
(year, field of study),

full-time studies, long-cycle Master's degree programme)

……..……
(Student ID number)

……..……
(contact info: telephone no., email)

THE DEAN OF THE FACULTY OF MEDICINE

……..……

(firdt name and surname)

APPLICATION FORM

for the granting of a short-term leave of absence

I kindly request to have a short-term leave of absence granted to me for the following period:

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I motivate my request by the following:

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Please find the attached documents confirming that fulfillment of the above requirements.

Yours sincerely,

.....

(student's signature)