

Toruń, date .....

.....  
Name and surname

.....  
address (street, house number, apartment number)

.....  
address (postal code, city)

.....  
contact telephone number

.....  
field and year of study

.....  
album number

**full-time/part-time studies\***  
**first-cycle/second-cycle studies/ long-cycle M.Sc\***

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

**Request for consent to resume studies**

I am asking for consent to resume full-time/part-time\*, first/second-cycle\* studies in the field of .....  
in the academic year 20...../20.....  
I was expelled from the ..... year of studies, in the academic year 20...../20.....  
by decision of ..... due to.....

I acknowledge that in connection with the resumption, I may be obliged to make up for program differences.

.....  
Student's handwritten signature

\* delete unnecessary