



.....  
Date (dd-mm-yyyy)

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Program:  MBA@SAN  MSPC  MSIT  MPA

Year:  1<sup>st</sup> year  2<sup>nd</sup> year

E-mail: \_\_\_\_\_

**Mr. Paweł Morawski, PhD**

**Program Manager**

## LEAVE OF ABSENCE REQUEST

I wish to apply for the leave of absence in the Fall / Spring / Summer semester (please circle one) in the academic year .....

I am aware that if I do not contact the Administration Office at the end of the requested leave of absence in order to either re-enroll or to file a request for an extension for another semester, I will be withdrawn from the University.

I am aware that while on the leave, I will not be considered an enrolled student of the University.

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SIGNATURE