Poznań, ………………

Last and first name:.............................................................................................................
Program / mode / year of study:.................................................
Student no.: ..................................................................................

 Adam Mickiewicz University, Poznań

Faculty of …………………………………………………

………………………………………………………...

………………………………………………………...

(ADDRESS)

**ABANDONING STUDIES (DROPPING OUT)**

I, the undersigned, declare that I am abandoning my full-time/weekend studies\* in ................................................ program, major in………………………………………… at the Faculty of ………………………………………………………………………… at Adam Mickiewicz University, Poznań in the academic year 20../20... .

I would also like to request that my name be deleted from the [*1st/2nd/3rd*] year student list in the full-time/weekend\* first-cycle/second cycle/5-year master's\* degree studies in the above-mentioned program.

 ……..……………………….

(DATE AND STUDENT’S LEGIBLE SIGNATURE)

…………………………….

 (DATE AND LEGIBLE SIGNATURE OF THE PERSON

 RECEIVING DECLARATION TO ABANDON STUDIES)

\* delete as appropriate

**DECLARATION**

I, the undersigned, declare that:

- I was instructed that I have the right respond to the evidence and material collected as well as demands made before issuing an administrative decision to delete my name from the student list,

- I have been given the opportunity, before an administrative decision in my case was issued upon my request, to delete my name from the student list, to respond to the evidence and material collected as well as demands made,

- I do not request that additional material be collected in this case, and I do not raise any objections to the evidence and material collected as well as demands made,

- I do not exercise the right to respond to the evidence and material collected as well as demands made, and I request that a decision be issued based on the application filed.

..……..……………………

 (DATE AND STUDENT’S LEGIBLE SIGNATURE)

..………………………

(DATE AND LEGIBLE SIGNATURE OF THE PERSON

RECEIVING DECLARATION TO ABANDON STUDIES)