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 Place and date

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 First name and Surname

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 Student's number

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 Field of Studies

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 Level (1st or 2nd)

year ..... semester.....

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 Address for correspondence

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 e-mail

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 phone number

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 Vice Dean of the Faculty of Economics

### Resignation from studies

I declare that as of *(date)* ..... I am resigning from studies in the field of ..... at the Warsaw University of Life Sciences (SGGW). At the same time, I request financial settlement of my payment for studies.

I participated in ..... training sessions (*weekends* for part-time studies or *weeks* for full-time studies).

I request a refund of the overpaid tuition fee to the bank account number:

.....

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 Student's signature

**Please note!** The fee for classes offered to the student at the Faculty is calculated for classes taken up to the day of submitting the resignation from studies to the Dean's Office.

### Decision of the Vice Dean:

The declaration has been submitted in accordance with §29, section 1, item 2 of the Study Regulations at the Warsaw University of Life Sciences (SGGW). Removal from the list of students pursuant to §29, section 4. Item 1 – resignation from studies.

Financial settlement: 1) payment for completed classes .....,  
 2) paid .....,  
 3) to be returned to the student .....  
 or to be paid by the student .....

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 Date

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 Signature