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Imię i nazwisko ....................................................

Nr albumu ............................................................

 **Adnotacje Dziekanatu**

 Wpłynęło:

 PDz.II ……………………

 ……………………………

 (data)

 ……………………………

 (podpis pracownika Dziekanatu)

Kierunek studiów ………………………………

Tryb: stacjonarne, niestacjonarne\*

Studia: licencjackie, magisterskie, jednolite magisterskie\*

Adres: ………………………………………..

Nr tel. ………………………………………..

\* właściwe podkreślić

 **Dziekan**

 **Wydziału Nauk o Zdrowiu**

 **Akademii Łomżyńskiej**

**PODANIE**

Zwracam się z uprzejmą prośbą o rozważenie możliwości .........................................................................................

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Uzasadnienie:

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 podpis czytelny

Opinia Dziekanatu:

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Decyzja Dziekana

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 podpis