Szczecin, data……………………..

**Szczecin, date**……………………..

………………………………………………………...

(Nazwisko i imię studenta)

**(Name and surname of the student)**

………………………………………………………..

Wniosek złożony dnia:

**Date of submission:**

(Adres do korespondencji)

 **(Correspondence address)**

……………………………………………………….

(Nr telefonu, adres e-mail)

**(Phone no., e-mail)**

………………………………………………………

(Kierunek I stopień studiów)

**(Field of study and the degree course)**

………………………………………………………

(Rok studiów, semester)

**(Year of studies/semester)**

……………………………………………………..

(Numer albumu)

**(Student's record book no.)**

Prorektor ds. Studenckich US

**Vice-Rector for Students Affairs Students' Affairs of the University of Szczecin**

ODWOŁANIE

**APPEAL**

Niniejszym wnoszę odwołanie od decyzji dotyczącej/ **I hereby appeal against decision** ..……………………………………………………………………………………………………………………………………..… nr/**no** ……………………… z dnia / **of** ……………….. **concerning** …………………………………………………………………..

Uzasadnienie / **Justification** : …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Załączniki/**Attachments** :

1. …………………………………………

2. …………………………………………

 Podpis studenta

student's signature

Decyzja Prodziekana ds. Studenckich

**Decision of Deputy Dean for Students' Affairs**

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 Data i podpis Prorektora ds. Studenckich US

Date and signature of Vice-Rector for Students Affairs of the University of Szczecin