Wrocław, .....................................

......................................................

Full name:

……………………………………

e-mail address

.....................................................

ID number

**Admission Board**

**of the Wroclaw Medical University**

for the course of study: ........................... ..............

**Declaration of resignation**

I declare that I am resigning from enrolling on/undertaking long-cycle/first-cycle/second-cycle\* course of study in .......................................... in the full-time/part-time\* mode form in the academic year .....................

At the same time, I acknowledge that pursuant to Art. 2 of Ordinance No. 7/XV R/2019 of the Rector of the Wroclaw Medical University of 7 February 2019 on the introduction of Regulations for the payment and reimbursement of recruitment fees to the first year of studies, resignation from studies shall not constitute grounds for reimbursement of the recruitment fee.

 .............................................

 legible signature

*\* delete as appropriate*