

Wroclaw, date .....

.....  
(name and surname)

.....  
(major)

.....  
(year and mode of studies)

.....  
(register.no)

.....  
(phone number)

## **DECLARATION OF WITHDRAWAL FROM THE GRANTED BENEFIT.**

I declare that commencing on ..... I resign from benefit granted to me on .....

In form of.....  
(type of benefit)

My decision is based on .....

.....

.....

.....

.....  
(applicant's signature)