

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)