

.....
(name and surname)

.....
(address)

.....
(student record book number)

**STATEMENT OF WAIVER OF THE RIGHT
TO FILE A REQUEST FOR RECONSIDERATION
OF THE DEAN'S DECISION**

I, the undersigned, having read the contents of the decision no. of
issued by the Dean of the Faculty of..... of the Wrocław
Medical University issued in the matter concerning
.....,
hereby state that I waive my right to file a request for reconsideration of the above-mentioned
decision to the Rector of the Wrocław Medical University.

I was informed about the legal consequences of making this statement, i. e. on the date of
delivery of the statement of waiver of the right to file a request for reconsideration of the
decision to the Dean of the respective Faculty – the above-mentioned decision becomes final
and legally binding.

....., on.....
(place) (legible signature)