

Lublin
(date)

RESIGNATION OF A PLACE IN THE DORMITORY

.....
(surname and name)

.....
(country/permanent address)

.....
(year of studies) // faculty/ field of study)

Types of studies: First-cycle (Bachelor) - Full-time studies -

.....
(student ID no.) (University)

Second-cycle studies -
(Master) Part time studies -

Master - Phd studies -

Postgraduate studies -

I declare that I have read and I know the contents of the point 15 of the *Rules for the allocation of places and quartering in the Student Dormitories of the Medical University of Lublin (Annex 15 to the Regulations of the Services of the Medical University of Lublin)*

To the Head of Dormitory No

I would like to inform that I am resigning from my accommodation in the Dormitory No. in a

single/double* room No. on
(date)

*delete unnecessary

.....
(Student's signature)

.....
(explanation for the decision)