

First name:
Family name:
Album number:
Year of study:
Name of university:
Field of study :
Level of study: first degree, second degree, masters*
Form of study: full-time/part-time*
e-mail

Learning Department
Poznań University of Physical Education

WITHDRAWAL FROM THE PoMOST PROGRAMME

Name of the host university:
Name of the course at the host university:
Field of study at the host university:
Level and form of study:
Academic year and semester:

Reason for withdrawal:
.....
.....

.....
/place, date/

.....
/ student's signature /

* delete as appropriate