Warsaw, date …………………………..

Rector ………………………………...  
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Name and Surname

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Student ID card number Year Degree Field

**APPEAL AGAINST DECISION**

In connection with the received decision, dated ………………………………………….. regarding ……………………………………………………………………………………………………….....…………………………………………………………………………………………………………...

Issued by………..……………………………………………………………………………………......

I appeal against the above decision and I kindly ask for the reconsideration of documents submitted by me in the above case.

JUSTIFICATION:

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(Place, date) (Student’s signature)