

Łódź,

.....
First name and Family name

Faculty of Management, UL

Study Programme:

Specialisation:

Studia stacjonarne/niestacjonarne*; 1st-cycle studies / 2nd-cycle studies*

.....
year of studies

.....
student's album number

.....
address for correspondence, phone number

**Vice-Dean for Student Affairs
Faculty of Management, UL**

CONCERNS:

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I am kindly asking that my request be considered positively.

.....
the student's signature

Decision of the Vice-Dean for Student Affairs of the Faculty of Management, UL:

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Łódź,

.....
the Vice-Dean's signature

The decision was announced to the student on

.....
the student's signature

* cross out one of the options