Lodz, …………….…………

/date/

Name: ………………………………………………..

ID Card number: …………………………………….

Computer Science / Mathematics / Data Analysis \*)

Full-time

First degree / Second degree \*)

Year of study: …………………………....................

Phone number: ...……………………………………

 **Associate Dean for Academic and Student Affairs**

**Faculty of Mathematics and Computer Science University of Lodz**

**dr Monika Bartkiewicz**

I ask for an additional diploma and diploma supplement in English.

……………..………………………………………

*Student’s signature*

 **…………………………………………………………………………..**

 *Dean’s signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*) cross out inappropriate