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Lodz, …………….…………

/date/

Name: ………………………………………………..

Student number: …………………………………….

Computer Science / Mathematics / Data Analysis \*)

Full-time / Part-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 kindly request permission for changing group number ……...... to group number ……………. on all courses in the …………./…………. academic year.

……………..………………………………………

Student’s signature

**Decision of the Dean:** **I agree / I do not agree**. \*)

**…………………………………………………………………………..**

 *Dean’s signature*

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

\*) cross out inappropriate

\*\*) write the number of the semester / year from the programme