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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 in the …………./…………. academic year on the following courses:

|  |  |  |
| --- | --- | --- |
| **Courses** | **Group numbers** | **Supervisors’ signatures** |
| 1. | from gr no. |  |
|  | to gr no. |  |
| 2. | from gr no. |  |
|  | to gr no. |  |
| 3. | from gr no. |  |
|  | to gr no. |  |
| 4. | from gr no. |  |
|  | to gr no. |  |
| 5. | from gr no. |  |
|  | to gr no. |  |
| 6. | from gr no. |  |
|  | to gr no. |  |

……………..………………………………………

Student’s signature

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

**…………………………………………………………………………..**

*Dean’s signature*

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

\*) cross out inappropriate