Lodz, …………….…………

/date/

Name: ………………………………………………..

ID Card number: …………………………………….

Computer Science / Mathematics / Data Analysis \*)

Full-time / Part-time \*)

First degree / Second degree \*)

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

Phone number: ...……………………………………

Email address: .....………………………………………………

**Associate Dean
for Academic and Student Affairs
Faculty of Mathematics and Computer Science
University of Lodz
dr Monika Bartkiewicz**

I kindly request permission for the conditional credit award for the winter/summer \*) semester of the ……………/………….. academic year.
My request results from the failure to meet the requirements of the following courses in the standard credit-earning period:
……………………………………………………………………………………………..........

……………………………………………………………………………………………..........

……………..………………………………………

*Student’s signature*

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

\*) cross out inappropriate