Lodz, …………….…………

/date/

Name: ………………………………………………..

Student 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 repetition of the …..…… \*\*) semester/year \*)
in 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

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