

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