

Łódź,
/Date/

Name:
ID Card Number:
Major:
First degree / Second degree (underline appropriate)
First year / Second year / Third year (underline appropriate)
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 ask for recognition of the courses completed from

.....
/University, Department, Major/
at Faculty of Mathematics and Computer Science, University of Lodz
major : specialization :
in the semester of the/..... academic year.

The list of courses:

Original didactic cycle	Course name (completed)	Type of classes L/P/Lab/S		Grade		Course name (from appropriate study program on FM&CS UL)	Type of classes L/P/Lab/S		Number of ECTS credits
		Number of hours		Number of ECTS credits			Number of hours		

Attachments:

.....
.....

.....
/ Student's signature /