

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