

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 enrollment in the winter / summer *) semester
of the/..... academic year on the following courses to repeat:

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.....

I confirm that I have received information about :

- the rules of courses repetition,
- the terms of payment for courses repetition.

.....
Student's signature

Decision of the Dean: I agree / I do not agree. *)

.....
Dean's signature

*) cross out inappropriate