

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 .....

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Student's signature

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\*) cross out inappropriate