

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 registration in the winter / summer \*) semester  
of the ...../..... academic year for the following courses:

1 .....  
/course name/

2 .....  
/course name/

3 .....  
/course name/

4 .....  
/course name/

I agree:

1 .....  
/Instructor's signature/

2 .....  
/Instructor's signature/

3 .....  
/Instructor's signature/

4 .....  
/Instructor's signature/

.....  
*Student's signature*

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\*) cross out inappropriate