

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 enrolment in the/..... academic year
on the following elective courses:

winter semester

-
-
-
-

summer semester

-
-
-
-

.....
Student's signature

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

.....
Dean's signature

*) cross out inappropriate