

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 to change the group of the following course

.....
/course name/

in the winter / summer *) semester of the/..... academic year.

	CURRENT GROUP	REQUESTED GROUP
Group Number:		
Day:		
Hours:		
Room:		

I agree:

1
/Instructor's signature – CURRENT GROUP /

2
/Instructor's signature – REQUESTED GROUP /

.....
Student's signature

*) cross out inappropriate