1398040000.441.16.

Lodz,.…………………….

……………………………………………………………
(Student’s name and surname)

…………………………………………………………….
(Student’s album number)

..............................................................
(Field of the study, speciality)

…………………………………………………………….
(Year of studies, degree)

# Vice-Dean for Student Affairs Faculty of International and Political Studies of UL

## **CONCERNS POSTPONING THE END-OF-TERM EXAMINATIONS**

I kindly ask for your consent for postponing the end-of-term examinations till………………………………..

 because of: …………………………………………………………………………………………………..…………………………………

.............................................................................................................................................................................................................................................................................................................................. ...............................................................................................................................................................

Thank you for considering my request. I would appreciate your positive decision.

……………………………………………………………………

student's signature

## **Decision of Vice-Dean's for Student Affairs Faculty of International and Political Studies of UL:**

I consent/ I do not consent\* to postpone the date of the end-of-term examinations on…………………

Lodz on ............

…………………………………………

  Vice-Dean's signature

The decision was announced to student on ............................…….

*Student's signature*

*\* delete as appropriate*