1398040000.441.2.

Łódź (date) ……………………………

…………………………………………………………………….

name and surname

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

faculty/field of study

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

year of study/semester/student’s album number

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

mailing address, telephone number, email

 **Vice-Rector for Student Affairs**

 **of the University of Lodz**

 **Application**

**application for postponement of the exam / credit submission deadline** (on the basis of § 43 of the Rules of Study at the University of Lodz)

Please consent to the postponement of the exam submission date in the following subjects:………………………………………………………………………………………….until …………………………………

List of all failed subjects:………………………………………………………….....................................................

…………………………………………………………………………………………………………………………………………………..

Justification: ……………………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………….

Attachment:……………………………………………………………………………………………………………………….…….

…………………………………………….

(student’s signature)

**Vice-Dean’s opinion**………………………...............................................................................................

 ………..………….……………………………….

 (vice-dean’s signature and stamp)

**Vice-Rector’s decision:**

I consent / I do not consent\* to postpone the date of taking an exam/credit

of the above-mentioned subject until …………………………………………………………….…………..

Łódź (date)…………………………………………

 ……………………………………………………...

(vice-rector’s signature and stamp)

The decision was announced.......................................................................

 (date and student’s signature)

\* delete as appropriate