Lodz,

**First name and surname: ……………………………………**

**Programme:**

**Specialisation:**

**Full-time studies/part-time studies\*, first cycle degree/second cycle degree\***

*year of studies register no.*

*correspondence address, telephone*

**Vice-Dean of the Faculty of Philology of the University of Lodz**

**RE: CHANGING THE EXAMINATION SESSION**

I would like to ask you to give a consent **to change the examination session**

to: due to: ……………………………………………………….

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

I hereby ask for a positive consideration of my request.

*student’s signature*

**Decision of the Vice-Dean of the Faculty of Philology of the University of Lodz:**

I hereby agree/do not agree\* to change the examination session until

Lodz,

*signature of the Vice-Dean*

The decision was announced to the student on

*student’s signature*

\* delete as appropriate