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Lodz, …………….…………

/date/

Name: ………………………………………………..

ID Card number: …………………………………….

Computer Science / Mathematics / Data Analysis \*)

Full-time / Part-time \*)

First degree / Second degree \*)

Year of study: …………………………....................

Phone number: ...……………………………………

 **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 enrollment in the ………/………… academic year on the following optional courses:

**winter semester**

* ……………………………………………………………………………………………..........
* ……………………………………………………………………………………………..........
* ……………………………………………………………………………………………..........
* ……………………………………………………………………………………………..........

**summer semester**

* ……………………………………………………………………………………………..........
* ……………………………………………………………………………………………..........
* ……………………………………………………………………………………………..........
* ……………………………………………………………………………………………..........

……………..………………………………………

*Student’s signature*

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

**…………………………………………………………………………..**

 *Dean’s signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*) cross out inappropriate