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Lodz, …………….…………

/date/

Name: ………………………………………………..

Student 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 **winter /summer**\* semester of the ….……/….…… academic year on the following courses (conditional credit award):

|  |  |
| --- | --- |
| **Courses** | **Group number:** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

I kindly ask to unregister in the **winter /summer**\* semester of the ………./………. academic year from the following courses (completed courses):

|  |
| --- |
| **Courses** |
|  |
|  |
|  |
|  |
|  |

……………..………………………………………

Student’s signature

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

**…………………………………………………………………………..**

*Dean’s signature*

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

\*) cross out inappropriate