To be filled by the Dean’s Office

Received / *Otrzymano*………………………….

Signature / *Podpis*………………………………

Name and Surname………………………………………… Lodz, date ……...

*Imię i nazwisko Łódź, dnia*

Student ID number………………………………………….

*Nr albumu*

Program…………………………………………………….

*Kierunek*

Year of Studies……………………………………………..

*Rok studiów*

Dean’s group No. ……………………………...........................

*Nr grupy dziekańskiej*

Phone number ……………………………...........................

*Numer telefonu*

Postal address…………………………………………….

*Adres do korespondencji*

**Prof.  Adam Durczyński, M.D., Ph.D.**
Vice-Rector for Student Affairs

Medical University of Lodz

*Do:*

*Prof. dr hab. n. med. Adam Durczyński*

*Prorektor ds. Studenckich*

*Uniwersytet Medyczny w Łodzi*

**REQUEST**

***PODANIE***

|  |
| --- |
| Dear Sir, |

..……………………

Student’s signature

 *Podpis studenta*

Attachments (if needed)/ *Załączniki (jeśli potrzebne):*

**Dean’s Office note:**

*Notatka Dziekanatu*

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

 …………………………………………………

Date, signature of the Dean’s Office employee

*Data, podpis i pieczątka Pracownika Dziekanatu*

**Vice – Rector’s decision:**

**Decyzja Prorektora:**

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

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

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

 *Date, Vice-Rector’s signature/*

*Data, podpis*