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| --- | --- | --- |
|  |  | *Date: <dd.mm.yyyy>* |
| *Data of the student submitting the request:**<name and surname**field of studies, type and year**student identification number**e-mail address>* |  | *Addressee of the request:* |
| Vice Dean for EducationDr inż. Katarzyna Mościńska |
|  |
| **Semester** | **ECTS****Obtained** | **Missing subjects** | **Comments** |
| <1> | <30> | - |  |
| <2> | <24> | <*subject\_1>* |  |
| <3> | <28> | <*subject\_2 >* |  |
| <4> | <23> | <*subject\_3, subject\_4 >* |  |
| <5> |  |  |  |
| **REQUEST FOR AN EXTENSION OF MASTER DIPLOMA THESIS**I kindly ask you to agree to extend the deadline for submitting the diploma thesis until 10.11.20.... My supervisor is *<academic title, name and surname>* The progress of the thesis allows it to be completed within the time specified in the study regulations.*Signature:***Opinion of the thesis supervisor:** |
|  |