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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 Education  Dr 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:** | | | | | |
|  | | | | | |