|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | |  | *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 ......................................**  <content of the request> | | | | | |
| *Signature* | | | | | |