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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 |
|  | | |
| **REQUEST FOR RENEWAL OF STUDIES**  I kindly ask you to resume my studies in the <semester number> in the academic year <academic year> in <full-time / part-time> studies in the field of <name of the course>, specialization <name of specialization>.  The last registration for the semester took place in the academic year <academic year>, in the specialization <name of the specialization>.  In the attachment I present a tabular comparison of the subjects according to the current study programme with the subjects I have completed in ALL individual semesters. | | |
| *Signature* | | |