|  |
| --- |
| First name and surname  |
| Register number  |
| Faculty  |
| Year and semester of studies |
| Form and level of studies |
| Date  |

 **VICE-DEAN**

 **OF THE FACULTY OF PHILOLOGY**

 **OF THE UNIVERSITY OF LODZ**

 **…………………………………………………**

 **Re: individual organisation of studies**

I would like to ask for a consent to continue studies within

Individual Organisation of Studies in the academic year .………………… due to

………………………………………………………………………………………………..

………………………………………………………………………………………………..

………………………………………………………………………………………………..

I hereby ask for a positive consideration of my request.

 ……………………………………………

 /student’s signature/

**Decision of the Vice-Dean of the Faculty of Philology of the University of Lodz:**

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………………………………………………………………………………...............................

Lodz, ........................... ……………………………………

 *(signature of the Vice-Dean)*

The decision was announced to the student on .............. ................................................................

 *(student’s signature)*