|  |
| --- |
| 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)*