

Łódź,

.....
First name and Family name

Faculty of Management, UL

Study Programme:

Specialisation:.....

Full-time studies / Part-time studies*; 1st-cycle studies / 2nd-cycle studies*

.....
year of studies *student's album number*

.....
address for correspondence, phone number

**Vice-Dean for Student Affairs
Faculty of Management, UL**

**CONCERNS THE ISSUANCE OF AN ADDITIONAL COPY OF THE DIPLOMA TRANSLATED INTO A FOREIGN LANGUAGE
AND A COPY OF THE SUPPLEMENT TRANSLATED INTO ENGLISH**

1. I request an additional copy of the diploma translated into*:

- English
- French
- Spanish
- German
- Russian

2. I request a copy of the Diploma Supplement translated into English.

.....
the student's signature

Decision of the Vice-Dean for Student Affairs of the Faculty of Management, UL:

I do agree. / I do not agree.*

Łódź,

.....
*the Vice-Dean's
signature*

The decision was announced to the student on

.....
the student's signature

** cross out one of the options*