

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 the student's album number

.....
address for correspondence, phone number

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

CONCERNS THE CHANGE OF THE SPECIALISATION / AN ELECTIVE*

I am asking to be allowed **to change my specialisation / elective*** from
..... into

The justification:
.....
.....

I oblige myself to cover any possible programme differences within the set deadline.

I am kindly asking that my request be considered positively.

.....
the student's signature

The opinion of the Unit for the Quality of Teaching:

.....
.....

.....
*signature of an employee of the Unit for the
Quality of Teaching*

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