

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 UNDERTAKING A COMPLETION ASSESSMENT BEFORE THE EXAMINATION COMMITTEE**

I am asking to be allowed **to sit a completion assessment in front of the Examination Committee** regarding the course:

.....

I would also like to inform you that, in accordance with § 39 point 1 of UL Rules of Study, the period of 7 days from date of announcement of the results of the assessment which I failed has not passed yet.

The justification: .....

.....

.....

I am kindly asking that my request be considered positively.

.....  
*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