

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 IN-ADVANCE SITTING OF AN EXAM / ASSESSMENT OF COURSES

I am asking for **the permission for the in-advance sitting of an exam / assessment of the courses** from the semester of the 20..... / 20..... academic year.

The list of the courses:

The name of the course	Assessment / Exam	ECTS	Lecturer	The Lecturer's signature	Date

.....
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