		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 numer						
address for correspondence, phone numer						
	Course Coordinator Faculty of Management, UL					
CONCERNS THE RECOGNITION OF THE	E LEARNING OUTC	OMES OF SUBJI	ECTS			
I kindly ask you to recognise the learn semester of the 20	, imp	olemented in th	-	•		
I obtained the above-mentioned learn	ing outcomes in th	e following sub	jects:			
Name	Form	Hours	ECTS	Grade		
Name	Form	Hours	ECTS	Grade		
Name	Form	Hours	ECTS	Grade		
The course of studies Card is attached						
I am kindly asking that my request be	considered positive	ely.				
		the student's signature				
Decision of the Course Coordinator:						
I recognise the learning outcomes.	no □ yes □ a	nd I determine	the grade t	to be:		
The justification:						
1 4 14						
Łódź,						
			the	? Coordinator's signature		
The decision was announced to the st	udent on					
		the stu	the student's signature			

<sup>\*</sup> cross out one of the options