

Łódź,

.....
(student's first name and family name)

.....
(programme of studies, mode of study)

.....
(Faculty, term, academic year, student identification number)

.....
(mailing address, phone, e-mail)

**Vice-Dean for Student Affairs
of the Faculty of Management, University of Lodz**

**Request
to repeat a semester**

I request to be allowed to repeat this semester of the/..... academic year.

Statement of reasons:

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.....

I oblige myself to pass any programme differences in the imposed due date.

I declare that I am aware of the fact that, according to § 5, point 2, subpoint a) of the Rules of Study of the University of Lodz, I can repeat only one semester during the entire period of studies.

I ask that my request is considered with the positive result.

.....
(student's signature)