Gdańsk, …….……………………………

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*student’s name and surname*

………………………………….………………….

*telephone no., e-mail address*

………………………………….………………….

*student's record book no.*

………………………………….………………….

*form of studies / field of study / specialisation*

………………………………….………………….

*year / semester of studies*

**dr Barbara Wolnik**

**Prodziekan ds. Studenckich i Kształcenia Wydział Matematyki, Fizyki i Informatyki UG**

Deputy Dean for Student Affairs and Education

Faculty of Mathematics, Physics and Informatics,

University of Gdańsk

**Wniosek o złożenie egzaminu po zakończonej sesji egzaminacyjnej**

Proszę o wyrażenie zgody na złożenie egzaminu z przedmiotu po zakończonej sesji egzaminacyjnej:

**Application for designating the date of exam/assessment\* following the conclusion of the examination period**

I would like to apply for designating the date of exam/assessment\* following the conclusion of the examination period with the course/courses:\*)

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Nazwa przedmiotu  Name of the course | Egzamin/zaliczenie  Exam/ Assessment | Punkty ECTS  ECTS points |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

na podstawie § 18a, ust. 2 regulaminu Studiów UG

(in accordance with § 18a section of the Study Regulations of the University of Gdańsk)

**Uzasadnienie:**

(Explanation of the request:)

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Student’s signature

*\*delete if inapplicable*