Gdańsk, …….……………………………

………………………………….………………….

*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*

**Barbara Wolnik, PhD**

Deputy Dean for Student Affairs and Education

Faculty of Mathematics, Phisics and Informatics, University of Gdańsk

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

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Name of the course | Exam/ Assessment | ECTS points |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

 in accordance with § 15 section 4 of the Study Regulations of the University of Gdańsk, entered by the University of Gdańsk Senate Resolution 120/19 of September 26, 2019.

**Explanation of the request:**

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Student’s signature

*\* delete*