|  |  |
| --- | --- |
| znak-AWFACULTY OF ARCHITECTURE POZNAN UNIVERSITY OF TECHNOLOGY | Poznan, date………………………. |

|  |  |  |
| --- | --- | --- |
| ………………………………………………...……………….…Name and surname……………………………………..……….…………….………Album numberArchitectureFull-time studies 1st cycle/ 2nd cycle\*Semester 1 2 3 4 5 6 7………………………………………………...…………..……Address for correspondence…………………………………………………..……..………Phone number |  |  |

**APPLICATION TO REWRITING THE GRADE**

I kindly ask the course teacher: …………………………………………………………………………...... to make a decision on rewriting the grade to the current academic year obtained on

………………………………………………………………………….………………………………………………………………………………………...

(faculty/field of study/university/ cycle of studies/year of studies/semester of studies)

from:………………………………………………………………………………………………………...

course teacher:………………………………………….………………………………………………

grade……………………….

……………………………………………..

Signature of student