|  |  |
| --- | --- |
| 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 |  | **Dean’s Office Faculty of Architecture** |

**Concerns: Issuing a duplicate of Student Card**

I kindly request to issue a duplicate of Electronic Student Card of Poznan University of Technology because of:

*Theft……………………………………*

*(Date)*

*Loss………………………………………*

*(Date)*

*destruction, change of address, change of name, lack of space for extension, damage of the previous one\**.

Attachments: 1) Proof of payment

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

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

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

……………………………………………..

 Signature of student