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

|  |  |  |
| --- | --- | --- |
| ………………………………………………...……………….…  Name and surname  ……………………………………..……….…………….………  Album number  Architecture  Full-time studies 1st cycle/ 2nd cycle\*  Semester 1 2 3 4 5 6 7  ………………………………………………...…………..……  Address for correspondence  …………………………………………………..……..………  Phone number |  | **Vice-dean for Students**  **dr inż. arch. Barbara Świt-Jankowska** |

**Concerns: Session extension**

I kindly request to extend the examination session until …………………….………..

Extension concerns the following subjects:

1)………………………………………………………………………………………………………………………………………………………

Name of course, teacher

2)………………………………………………………………………………………………………………………………………………………

Name of course, teacher

3)………………………………………………………………………………………………………………………………………………………

Name of course, teacher

Explanation: …………………………………………………………………..…………………………………………………………………………… ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………

Attachments: ……………………………………………………………………………………………….

……………………………………………………………………………………………….

……………………………………………..

Signature of student