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

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| ………………………………………………...……………….…Name and surname……………………………………..……….…………….………Album numberArchitectureFull-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. Piotr Zierke** |

**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: …………………………………………………………………..…………………………………………………………………………… ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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

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Signature of student