**REQUEST FOR AN EXTENSION OF THE DEADLINE FOR PASSING THE COURSE**

Wrocław, on

Student's name and surname:

Student’s identification number:

Place of residence:

Contact (e-mail address, phone number):

Field of study:

Year of study:

Studies: first-cycle/second-cycle full-time/part-time

**Mr/Ms**

**vice-dean of the Faculty of Social Communication and Media of the University of Wrocław**

I am requesting your consent to extend the deadline for passing the course ………………………………………………………………………………… conducted by……………………………………………………..

My request is justified by the following fact(s):

Opinion and signature of the lecturer

Yours sincerely,

(handwritten signature)

Opinion of the vice-head of the institute for teaching:

……………………………………………………………………………….