Wrocław, on

………………………………………………………………

(Name and surname, student’s card number)

………………………………………………………………

(Major, first-/second-cycle I /II**\***, year of studies, full-time/part-time programme\*)

………………………………………………………………

(Current address)

………………………………………………………………

(e-mail, phone number)

**Mr/Ms
……………………………………………..**

**Vice-Dean of the Faculty of Social Communication and Media Studies of the University of Wrocław**

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

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

|  |  |
| --- | --- |
| **NAME OF THE COURSE** | **Opinion and signature of the lecturer** |
|  |   |

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

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

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

 Yours sincerely,

 ………………………………………………..

 (handwritten signature)

**Vice-Dean’s decision:** ……………………………………………………………………………………………………………

................................
*(signature)*

\* underline appropriate