Warsaw, …………………………………………..

(date)

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(first and last name)

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(student's id number)

……………………………………………………………………………………

(Telephone number)

**Vice-Dean for Academic Affairs**

**Professor Ewa Kardas - Cinal, PhD, DSc**

**Faculty of Transport**

**Warsaw University of Technology**

**Request**

…………………………………………..

(signature)