Wrocław, ……………………. (date)

...................................................

 *First name and surname*

Year .............. Semester ...............

Degree Programme ............... Specialisation ........... **postponement**

Grade book no. .............................................. **of examination date**

 Dean of the Faculty of Electronics

of Wrocław University of Science and Technology

I kindly request your permission for the postponement of the final date of my credit obtainment until ............................. for the course in ......................... ...........................................................................

 *course code* *name*

.................................................................... .........................................................................

 *academic teacher delivering the course*

for the reason ...................................................................................................................................

student’s signature

To be completed by the academic teacher delivering the course

Remarks:

 Signature of the academic teacher delivering the course

|  |  |
| --- | --- |
| I don’t grant my permission to postpone the student’s credit obtainment date | I grant my permission to postpone the student’s credit obtainment date until |

........................................ ................................................