Wrocław, ……………………. (date)

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

*First name and surname*

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

Degree Programme ......... Specialisation ...........

Grade book no. ..............................................

**postponement**

**of credit obtainment date**

Dean of the Faculty of Electronics

of Wrocław University of Science and Technology

I kindly request your permission to postpone the final date of my credit obtaiuntil

............................. 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 |

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