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| --- | --- |
| .......................................................................(Name and surname)Year......................... Semester.......................Field of study.................................................Group.............................................................Student ID No................................................ | Poznan............................. 20…...**Dean’s Office of** **FACULTY OF COMPUTING** **AND TELECOMMUNICATIONS**Full-time studies |

I request a duplicate of my electronic student’s card (ELS) because of:

* *Theft*
* *Loss*
* *Destruction,*
* *No space for extension stamps*
* *Destruction*
* *Other* ………………………………………………………………………………

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

(Student's signature)

I confirm receipt of the ELS duplicate:

………………………………………………………………………………

Date and Student’s signature