|  |  |
| --- | --- |
| .......................................................................  (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