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Lodz, **…………………..**

(date)

**.............................................................**

(first name and last name)

**.............................................................**

(student card number)

**…………………………………………………………..**

(field, specialization)

**…………………………………………………………..**

(year of study, degree)

**Vice-Dean for Student Affairs**

**Faculty of International and Political Studies of the University of Lodz**

**Application for an additional copy of the Diploma\*/Diploma Supplement\***

I asking for an additional copy of:

□ Diploma in a foreign language (translated into English/French/Spanish/German/Russian\*)

□ Diploma in Polish

□ Supplement in English

□ Supplement in Polish

…..…………………………………………..

(student's signature)

A fee of 20 PLN is charged for issuing an additional copy of the Diploma in a foreign language/Supplement in English.

Account number to pay: 87 1240 3028 1111 0010 2942 9504

\*delete as appropriate

□ mark as needed