 Annex 2

University of Lodz

Faculty of International and Political Studies

Field of Studies

Specialization (if applicable)

Title (in English)

Title (in Polish)

Author (First Name, Surname)

Student (grade book) number

B.A./M.A. Thesis written

under the supervision of

(degree/title, first name and surname of the supervisor)

Lodz (given year

**Annex 3**

Łódź,.....................

STATEMENT

I, .........................................................., PESEL/ID no. .............................,

hereby give (do not give)\* consent to make my work entitled: ....................................................................................................................................................................................................................................................................................... available and to use this work for scientific, research and educational purposes.

Consent also includes the right to enter the thesis into the memory of a computer, record and multiply copies by any technique, including, in particular, printing, reprography, magnetic recording and digital technique, and to disseminate the thesis in print in the book format and other paper media, magnetic, optical and electronic media, including computer networks (via the Internet), networks with restricted access, and on the University's website, the right to disseminate the results of the work in a manner other than that indicated above - public performance, projection, reproducing, broadcasting and rebroadcasting, as well as making the thesis available to the public in such a way that everyone can have access to it.

.

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

(signature)

**Annex 6**

Łódź, dn. .................................

Name: ...................................................................................

Album number: .........................................................................................

Direction: .......................................................................................................................

Speciality: ..................................................................................................................

CONCERNS THE ISSUE OF AN ADDITIONAL COPY OF THE DIPLOMA TRANSLATED INTO A FOREIGN LANGUAGE AND A COPY OF THE SUPPLEMENT TRANSLATED INTO ENGLISH.

1. \* I kindly request an additional copy of my diploma translated into\* the following language - English - French - Spanish - German - Russian

2. \* I kindly request a copy of the Diploma Supplement in English translation at .............¹ .

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

student's signature

Advice

Documents are issued within 30 days from the date of application, after the graduate has paid the fee, in accordance with the Order of the Rector of the University of Łódź No. 61 dated 8.05.2019, as amended.

\* Delete as appropriate

¹ maximum 3 units

**Annex 7**

**Fees for the diploma**

**Graduate studies commencing in 2018/2019 and earlier**:

**a fee of PLN 60** per issue:

- the original diploma and the supplement as well as two copies of the diploma in Polish and two copies of the supplement in Polish

or

- original diploma and diploma supplement, one copy of the diploma and diploma supplement in Polish and one copy of the diploma translated into a foreign language and supplement in English

**Graduate studies commencing in 2019/2020 and beyond**:

not pay a fee for the issue of a diploma with a diploma supplement

**PLN 20 - for issuing 1 copy**:

an additional copy of the diploma in a foreign language,

an additional copy of the supplement in a foreign language,

a duplicate diploma,

duplicate supplement

**PLN 26 - fee for authentication of documents within the scope performed by the university**

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|  |
|  |

Account number:

 BANK PKO S.A. II O/Łódź

87 1240 3028 1111 0010 2942 9504

**Annex 8**

Łódź, Poland, ...................................

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

Name

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

Album number

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

Department

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

Field of study

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

Dean/dean of the Faculty

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

**APPLICATION**

**to send documents proving completion of studies by post**

I request that you send, by registered post with return receipt requested \*:

 the original of the diploma and the diploma supplement, plus 2 copies,

an additional copy of the diploma in Polish or a foreign language, an additional copy of the diploma supplement in Polish or English as requested, a certificate of completion of postgraduate studies, other documents related to the course of study, i.e. ..................................................................................

to the address indicated below:

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

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

(street, building number, apartment number, postal code, town)

I acknowledge that the University of Łódź is not responsible for the loss of or damage to the postal item by the post office, and in the event of loss or damage to the postal item containing the above-mentioned documents I will only be able to apply for duplicates, for which additional fees will be charged.

I enclose with my application the proof of payment of the fee for registered post with return receipt. .....................................................................
 (handwritten signature of the graduate)

\* tick as appropriate

**Annex 9**

Łódź, day............................................

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

(Name and surname)

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

(course and year of study)

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

(album number)

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

(ID card series and number)

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

(residential address)

AUTHORISATION

I hereby authorise ................................................................................... located at ....................................

 (name, degree of relationship)

street address.............................................................................., ID card series and number.........................................

PESEL ............................................................................

for pickup
..........................................................................................................................................................

 (list what)

from the Dean's Office of the Faculty of International and Political Studies of the University of Łódź on my behalf.

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

(student's signature)

I hereby declare that my signature was affixed in my presence.

Lodz, Poland ...................................................... ...................................................................

 (signature and name stamp of Dean's Office employee)