................................................................................................ Krakow, .........................................

 (*Name and Surname*) (*Date*)

Field of Study: .........................................................................

Specialisation track: ................................................................

Year of study: ................. Semester: .......................................

Student identification number or code: ...................................

first-cycle/ second-cycle/ long-cycle master’s degree\*) studies

full-time/ part-time\*) studies

**Prof.** ……………………………………………..

**Dean of the Faculty of** ………………………….

**of Andrzej Frycz Modrzewski Krakow University**

I kindly ask for a duplicate of *the student ID card* ***/*** *Student Assessment Checklist (from the semester……………... of the academic year. ...................................)*\*.

Justification:.....................................................................................................................................................................................................................................................................................................................................................

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

 (*student’s signature*)

Attachments to the application:

1. .......................................................
2. .......................................................

Student Service Office comments:

..........................................................................................................................................................................................................................................................................................................................................................................**Dean’s decision**: Pursuant to § 4 of the Regulations of Studies which are obligated at the University I *agree / do not agree* \* to the issuance of a duplicate of *an index book/ student ID card/ Student Assessment Checklist*.\*

Justification of the rejection:

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Krakow, (*date*) ......................... Dean’s signature and seal: ...................................................................

Instruction:

This decision may be appealed to the Rector of the Andrzej Frycz Modrzewski Krakow University through the Dean of the appropriate Faculty within 14 days of the decision reception.

I acknowledge the receipt of the decision: .................................................................................................................

 (*date and student’s signature*)

\* cross out irrelevant