

.....  
*student's name and surname*

.....  
*home address*

.....  
*telephone no., e-mail address*

.....  
*student's record book no.*

.....  
*form of studies / field of study / specialisation*

.....  
*year / semester of studies*

**Leszek Reszka, Associate Professor**

Deputy Dean for Student Affairs and Education

Faculty of Economics, University of Gdańsk

I would like to apply for designating the date of exam/assessment\* following the conclusion of the examination period with the course/courses\*:

No.	Name of the course	Name and surname of the examining instructor	Exam/Assessment
1			
2			
3			
4			
5			

in accordance with § 15 section 4 of the Study Regulations of the University of Gdańsk, entered by the University of Gdańsk Senate Resolution 120/19 of September 26, 2019.

**Explanation of the request:**

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

.....  
*Student's signature*

**Attachments:**

- 1.
- 2.

**Deputy Dean for Student Affairs and Education's decision:**

.....  
*Date, Deputy Dean for Student Affairs and Education's signature*

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\* *delete if inapplicable*