**Request for an extension of the examination session**

Wrocław, on

Student’s name:

Student’s number:

Correspondence address:

Contact (telephone number, e-mail address):

Field of study:

Year of study:

Studies: first/second cycle, full-time/part-time

**Mr / Ms**

**Deputy Dean of the Faculty of Languages, Literatures and Cultures of the University of Wrocław**

I hereby request you to grant me the consent to extend the examination session period until

 .

My request is justified by the following facts:

I attach the following documents:

Yours sincerely,

*(handwritten signature)*