**Request for an extension of the period for passing a course**

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 period for passing the course

taught by .

My request is justified by the following facts:

Course instructor’s opinion:

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

Yours sincerely,

*(handwritten signature)*

Opinion and signature of the relevant institute/chair deputy head: