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Place and date

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Name and Surname of Student

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Postal Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail mobile phone No.

**Nina Drejerska, PhD**

**Associate Dean for Domestic and International Cooperation**

**Faculty of Economic Sciences**

**Warsaw University of Life Sciences SGGW**

**Request**

Please kindly allow me to postpone the submission of the master thesis

from: 30.06……………. to: 30.09…………….

The thesis advancement is (*please briefly describe)* ………………….……………………………………………………...

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Signature of Student

Thesis supervisor’s opinion about the state of advancement of the master thesis …………..………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….………………………………………………………………………

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Signature of Supervisor

**Dean’s decision:**

Acting in accordance with the Rules of Studies in WULS-SGGW in Warsaw, § 27. 2 I allow /not allow   
to postpone the submission of the master thesis.

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Date Dean’s signature and stamp