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Place and date

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Name and Surname of Student

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Album’s number

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **year ....... semester......**

Major and Specialisation of study

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

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**

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………………………………………………………… Signature of Student

**Dean’s decision:**

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Date Dean’s signature and stamp