Opole, *(fill in!)……………*

|  |  |
| --- | --- |
| Forename and surname: | *(fill in!)* |
| Student registration number: | *(fill in!)* |
| Year and field of study: | *(fill in!)* |
| Telephone number: | *(fill in!)* |
| E-mail address: | *(fill in!)* |

dr hab. Adam Drosik, professor of the University of Opole

Dean of the Faculty

of Political Science and Social Communication

# An application for the issue of an ADDITIONAL certified copy of the diploma TRANSLATED INTO A FOREIGN LANGUAGE

I hereby request an additional copy of my graduation diploma translated into …………………………………………………………………………………………………..

I passed my diploma examination on .............................. 20..….......

…………………………………….. (signature)

Opole, ............................... 20.......

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**NOTE!**

The application must be submitted at the latest within 30 days from the date of the diploma examination, together with the applicable fee for issuing an additional certified copy of the diploma translated into a foreign language.

…………………………………….. (signature)