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: | *(fill in!)* |

Dean of the Faculty

of Political Science and Social Communication

**Application for setting an early examination date**

I kindly request an early examination date for the course:

1) *(fill in!)*…………………………………. lecturer: *(fill in!)*……………………..……………

(semester of study ........................ in the academic year ..........................................)

Proposed early examination date: ………………………………………………….

*(fill in!)*……… …………………………………………………………………………….........

Justification for the application:

………………………

 Respectfully yours

I give my consent / I do not give my consent\*

\* Delete as appropriate

……………………………….

Date and Dean's signature