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| --- | --- | --- |
|  | **Wrocław University of Science and Technology****Faculty of Management** |  |

Wrocław, date: .............................

# Student’s name and surname: ……………….…………..

# Student’s number: …………..

Faculty of Management

# Field: …………………..

# Year: .… , semester: …..

Studies degree: …...

To

Dean of the

Faculty of Management

**About: Registration for semester**

I kindly ask for registration for semester number …. in the winter/ summer\* semester 20….../20…….

Explanation:

*………………………….*

student’s signature

\* Cross out inappropriate