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| znak-AWFACULTY OF ARCHITECTURE POZNAN UNIVERSITY OF TECHNOLOGY | Poznan, date………………………. |

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| ………………………………………………...……………….…  Name and surname  ……………………………………..……….…………….………  Album number  Architecture  Full-time studies 1st cycle/ 2nd cycle\*  Semester 1 2 3 4 5 6 7  ………………………………………………...…………..……  Address for correspondence  …………………………………………………..……..………  Phone number |  |  |

**APPLICATION TO REWRITING THE GRADE**

I kindly ask the course teacher: …………………………………………………………………………...... to make a decision on rewriting the grade to the current academic year obtained on

………………………………………………………………………….………………………………………………………………………………………...

(faculty/field of study/university/ cycle of studies/year of studies/semester of studies)

from:………………………………………………………………………………………………………...

course teacher:………………………………………….………………………………………………

grade……………………….

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Signature of student