Gdańsk, date …………………………………

First and last name : ……………………………………………………

Student’s Registration No. : ……………………………..…………………………..

Field of study : ………………………........................................

Study degree: …………………………………………………..

Form of study: full-time / part-time \*

Year of completion : ……………………………………..

**To the Dean of the UG Faculty of Chemistry**

A P P L I C A T I O N

I would like to request an additional copy of my diploma in………………………………………..(language) pcs. …….. .

I would like to request an additional copy of my diploma supplement in English/Polish\* pcs. .......... .

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(legible signature)

\*Cross out where not applicable

**NOTES**:

If applying for a supplement in English, a printout of the translation of the title of the diploma thesis should be attached to the application - applies only to theses defended before 1 June 2021.