…………………………………………… Gdańsk, date ……………………...

(First and last name)

…………………………………………..

(Year and field of study)

……………………………………………

(Student’s Registration No.)

…………………………………………………………….

(Full-time / part-time, first degree / second degree)

**Assoc. Prof. Jolanta Kumirska, professor of the University of Gdańsk**

**Deputy Dean for Students and Education**

**of the UG Faculty of Chemistry**

## **Application**

**for an extension of the deadline for submission of the diploma thesis**

## I kindly request permission to extend the deadline for the submission of my thesis.

**Justification of the application**

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signature of the student

**Opinion of the Supervisor**

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signature of the Supervisor

Deputy Dean's decision: **grant** / **do not grant**

By .......................................