

CHORZÓW, DATE

NAME AND SURNAME:

STUDENT ID NUMBER:

STUDIES: FULL-TIME / PART-TIME

STUDIES: FIRST-CYCLE / SECOND-CYCLE / LONG-CYCLE MASTER'S STUDIES

YEAR OF STUDY: I / II / III / IV / V

PROGRAMME (FIELD OF STUDY):

CORRESPONDENCE ADDRESS:

.....

TEL. NO:

E-MAIL:

DR KRZYSZTOF KOJ

DEAN

OFF-CAMPUS FACULTY IN CHORZÓW

UNIWERSYTET WSB MERITO IN POZNAŃ

I AM KINDLY REQUESTING APPROVAL FOR:

1. **PAYMENT DEADLINE EXTENSION FOR** (delete as appropriate):
 - a) 30.09 (X), 31.10 (XI), 30.11 (XII), 31.12 (I), 31.01 (II), 28.02 (III), 31.03 (IV), 30.04 (V),
31.05 (VI), 30.06 (VII), 31.07 (VIII), 31.08 (IX)
to
2. **PAYMENT DEADLINE EXTENSION TO THE DAY OF EACH MONTH**
(+photocopy of employer's certificate regarding salary payment date).

SIGNATURE