................................................ Poznań ...................................... r.

(surname and name) (date)

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(*field of study*))

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(*year of study/ number of registration*)

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(*e-mail, mobile phone*)

**Program Council of….………………….…………………………….**

**Poznan University of Life Sciences**

I would like to ask for permission **to extend the date of thesis submission** **till** ………………..…….., according with § 49 p. 2 of the Study Statute of Poznan University of Life Sciences.

Brief justification: .............................................................................................................................

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(student’s signature)

Supervisor’s opinion: ……………………………………………………………………………………………………………………

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(supervisor’s signature)

Progress of the diploma thesis in percentage ………………..

**PROGRAM CUNCIL DESICION: we agree / we don’t agree to extend the date of thesis submission till** **…………..………..**

**Poznań, …………………………………**

I have accepted Program Cuncil’s desicion

Poznań, …………………. Student’s signature ……………………………………………………………