……………………………………………………… Wrocław, …................... 20.........

name and surname

………………………………………………………

field and degree of studies

………………………………………………………

year and semester of studies

………………………………………………………

index number

………………………………………………………

email address

Faculty of Earth Sciences and Environmental Management of the UWr

Vice-Dean for teaching

dr hab. Waldemar Spallek

………………………………………………………

phone number

I request the opportunity **to take an outstanding exam** in the subject of ………………………………………………………………………………………………………………………………………………………… carried out in a semester …………………………………… of the academic year 20……… / 20……… during the last semester of the Bachelor’s / Master’s degree (*tick as appropriate*).

…………………………………………………………………………

student’s signature

The examiner's proposed examination dates:

* First date: …………………………………………………………………
* Second date: ………………………………………………………………………

…………………………………………………………………………

date and examiner’s signature

*the opinion of*

*the Director of Teaching*