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| --- | --- |
| ...............................................................  (Name and surname)  Year....................... Semester.....................  Field of study................................................  Group.....................................................  Student ID No.............................................. | Poznan............................. 20…...  **Dean of**  **Faculty of Control, Robotics, and Electrical Engineering**  **Poznan University of Technology**  Full-time studies |

I request a duplicate of my electronic student card (ELS) because of:

* *Theft*
* *Loss*
* *Destruction,*
* *No space for extension stamps*
* *Destruction*
* *Other* ………………………………………………………………………………

....................................................

(Student's signature)

I confirm receipt of the ELS duplicate:

………………………………………………………………………………

Date and Student’s signature