|  |  |
| --- | --- |
| ...............................................................(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