					I	Lodz, (da [.]	te)	
First r	name and su	ırname						
	ent number							
Facul	ty							
Field	of study							
					Mr / ſ			
							ean of the Faculty	/
for	sending do	cuments confir		PPLICATIO essful com		ıniversit	y education by	post
I wou	ld like to red	quest you to send	l, by post, b	y registere	d mail with a	cknowled	dgement of recei	pt *:
	_	al diploma certify nt and 2 copies th	_	ful comple	tion of unive	rsity edu	cation with the d	iploma
		onal copy of the c supplement in Pol	-		_	guage, a	n additional copy	of the
	non-degr	ee postgraduate s	studies com	pletion ce	rtificate,			
	other	documents	from	the	course	of	education,	i.e.
to the	e address inc	dicated below:						
(street	name, building n	umber, apartment num	ber, post code,	city/town)				
post,	and in the e	at the University event of loss or d ply only for their	amage of th	ne parcel c	ontaining the	e above-ı	mentioned docur	-
I encl	ose a confir	mation of paymer	nt for a regi	stered mai	l with a retur	n acknov	vledgement of re	ceipt.
				(hai	ndwritten sig	nature of	 the graduate)	

^{*} select as appropriate