

Wroclaw, Date

.....
Name and surname

.....
Field of study, Year of study

.....
Student identification no.

.....
Mobile phone, e-mail

Council of the Faculty of Biotechnology
of the University of Wrocław

I kindly request for a permission to write my thesis (Master's thesis | Bachelor's thesis)
outside the Faculty of Biotechnology, under the supervision of

.....
The topic of my thesis is

.....
I motivate my request by the following

.....
I kindly ask for a consideration in favour of my request.

Yours sincerely,

.....

Wrocław, date.....

Statement

I hereby declare that I waive the remuneration for the supervision of
the degree dissertation of

Signature and stamp

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