Szczecin, ………………………………………….

Dean’s Office of the West Pomeranian Business School

in Szczecin

…………………………………………….

(name and last name)

…………………………………………….

(address, email, phone number) …………………………………………………………………..

…………………………………….

(Album no, specialization)

APPLICATION

I am asking for a duplicate of the student ID in the academic year .............. / .................

Justification ................................................. .................................................. ...........................................................

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……………………………………………

Student’s readable signature