



**AKADEMICKIE
CENTRUM
WSPARCIA**
Uniwersytet Łódzki

Lodz, date _____

Personal data of the person studying:

Name and surname:.....

Phone number (voluntary):

Univeristy e-mail (obligatory):

Faculty and field of study:

Album number:

Academic Support Centre of the University of Łodz

152 Pomorska Street

91-404 Lodz

APPLICATION

for support provided by ACW UŁ

I would like to kindly request to be able to benefit from the following type of support realized by ACW:

1.

2.

3.

4.

5.

Justification:

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.....

Date and signature of the Student

Signature of ACW UŁ employee