

Support and Accessibility Centre

University of Lodz

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APPLICATION

for support provided by CWiD UŁ

Personal data of the person studying:

Name and surname:

Phone number (voluntary):

Your university e-mail (obligatory):

Faculty and field of study:

Album number:

I would like to kindly request to be able to benefit from the following type of support realized by Support and Accessibility Centre UŁ (CWID UŁ):

1.

2.

3.

4.

5.

Justification:

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Date and signature of the Student: _____

Date and signature of CWiD UŁ employee: _____