

Support and Accessibility Centre

University of Lodz

152 Pomorska Street, 91-404 Lodz

E: cwid@uni.lodz.pl

P: +48 42 655 51 65

www.uni.lodz.pl/en

APPLICATION FOR TRANSPORT ORGANISATION

Data of the student/doctoral student:

Name and Surname:.....

Student's number:

Year and field of study:

Study mode: full-time (daytime) / extramural (evening/weekend):

University e-mail (**obligatory**):

Telephone number (voluntary):

I would like to kindly request the organization of free transport from my place of residence to the University of Lodz and back (within the administrative boundaries of the city of Lodz) during the academic year /

At the same time, I undertake to submit the Subscriber Record Sheet (Transport Order Card) to the Support and Accessibility Centre UL by the 18th day of each month preceding the month of the need to organize support. After exceeding the agreed deadline, the service will not be performed.

I justify my request with:

.....
.....
.....

Date and Student's signature: _____