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| znak-AWFACULTY OF ARCHITECTURE POZNAN UNIVERSITY OF TECHNOLOGY | Poznan, date………………………. |

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| ………………………………………………...……………….…  Name and surname  ……………………………………..……….…………….………  Album number  Architecture  Full-time studies 1st cycle/ 2nd cycle\*  Semester 1 2 3 4 5 6 7  ………………………………………………...…………..……  Address for correspondence  …………………………………………………..……..………  Phone number |  | **Dean’s Office Faculty of Architecture** |

**Concerns: Issuing a duplicate of Student Card**

I kindly request to issue a duplicate of Electronic Student Card of Poznan University of Technology because of:

*Theft……………………………………*

*(Date)*

*Loss………………………………………*

*(Date)*

*destruction, change of address, change of name, lack of space for extension, damage of the previous one\**.

Attachments: 1) Proof of payment

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Signature of student