

## Extension of stay at the University of Warsaw Podanie o przedłużenie pobytu na Uniwersytecie Warszawskim

## Academic Year Rok akademicki 2024/2025

Student's Name				
lmię i nazwisko studenta				
Index Number			17	
Numer indeksu		K		
Host University Uczelnia przyjmująca		University of Warsaw		
Cozonna przyjmująca		PL WARSZAW01		
Receiving Faculty at the University of Warsaw Jednostka UW				
Home University Uczelnia macierzysta				
Original study period:			Requested additional period:	
From:	To:		From:	To:
/ /2024	07/02/2025		07/02/2025	27/06/2025
(dd/mm/yy)	(dd/mm/yy)		(dd/mm/yy)	(dd/mm/yy)
Student's signature				
Coordinator's Name:				
Date:				
UNIVERSITY OF WARSAW: I hereby confirm that the above-mentioned student is permitted to extend his/her stay at the University of Warsaw. Signature and Stamp of the Departmental Coordinator/ Tutor at the University of Warsaw				
Coordinator's Name:				
Date:				