

Registration of the need to adapt the examination form

ADMISSION PROCESS FOR THE ACADEMIC YEAR/.....

PERSONAL DATA

Name and surname.....

PESEL[PERSONAL IDENTIFICATION NUMBER].....

Residential address

Phone number

E-mail address.....

Preferred means of contact (please tick):

- e-mail
- phone
- text message
- letter
- letter – enhanced print

ADAPTATION OF THE EXAMINATION

Faculty, field of study, stationary/non-stationary

I need the following alteration in the examination form (please tick):

- prolongation of the duration of the examination (50%) in proportion to the duration of the examination for the remaining candidates.
- swimming of the scheduled distance in 1 min 25 seconds in any way possible during the swimming examination

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date and signature of the candidate

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date and signature of the registrar