**Application for adjustment of the CERTIFICATION examination form**

Warsaw, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PESEL no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Management of the Centre for Foreign Language Teaching UW

Dear Sir/Madam,

I kindly request to take into consideration the problems resulting from my health situation during the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ language certification examination at \_\_\_\_\_\_ level.

In particular, I apply for the following modifications:

-

-

-

-

-

Documentation, confirming the health problems, which are the basis of the requested solution can be found in the Office for Persons with Disabilities (BON UW).

Sincerely,

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student’s signature