



WYDZIAŁ ELEKTRONIKI
I TECHNIK INFORMACYJNYCH

Warsaw,

.....
Name and Surname

.....
Index number

.....
Level of studies/semester/field of study

.....
Telephone number/e-mail address

Associate Dean
For Students
Zbigniew Gajo, Ph.D.

Due to my student's identity card having been lost, destroyed, stolen* I hereby apply for the duplicate of the student' electronic identity card.

.....
Student's signature

The evidence of payment of 25,50 zlotys to the individual bank account given in the USOS system should be enclosed to the application for the duplicate.

*) delete as applicable