

Date

Name/surname

Student's book number

Faculty

Date of birth

e-mail/telephone

**Education and Students' Affairs Office
Poznan University of Technology
pl. M. Skłodowskiej – Curie 5
Room 308
60-965 Poznan**

I kindly request you to send my diploma along with other documents to the following address:

Street/number:

Zip code:

City:

I agree to cover the cost of sending.

(legible signature)