

**APPLICATION FOR ADJUSTMENT OF THE CERTIFICATION EXAMINATION FORM**

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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:

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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