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# **ZGŁOSZENIE ZMIANY DANYCH OSOBOWYCH STUDENTA**

## **DANE DOTYCHCZASOWE OSOBY WNIOSKUJĄCEJ**

Nazwisko ………………………………………………………

Imię ………………………………………………………………

Numer PESEL………………………………………………….. Numer albumu ……………………………………………………….

Kierunek studiów i stopień (I/II*\**)………………………………………………………………………………………………………

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Numer i seria dowodu osobistego/paszportu……………………………………………………………………………………

## **NOWE DANE**

**Nazwisko** (wypełnić tylko w przypadku zmiany danych)…………………………………………………………………..

**Imię** (wypełnić tylko w przypadku zmiany danych)…………………………………………………………………………..

**Numer i seria dowodu osobistego/paszportu** (wypełnić tylko w przypadku zmiany danych)

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**Adres stały** (*wypełnić tylko w przypadku zmiany danych*)

Kod pocztowy Miejscowość

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Ulica Nr domu Nr lokalu

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**Adres korespondencyjny** - jeśli taki sam to zaznacz: JAK WYŻEJ

Kod pocztowy Miejscowość

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| Ulica | | | | | | | | | | | | | |  |  | | | | | | | | | | | | Nr domu | | | | | | | | Nr lokalu | | | | | |  | | | | |
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| **Email** (wypełnić tylko w przypadku zmiany danych) | | | | | | | | | | | | | |  |  | | | | | | | | | | | |  | | | | | | | |  | | | | | |  | | | | |
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**Telefon** (wypełnić tylko w przypadku zmiany danych)

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(data i podpis studenta/ki)

\*niepotrzebne skreślić