……………………………………… Poznań, on ………………….

 (Student’s name and surname)

...........................................................

 (field of study)

………………………………………

 (course delivery mode: internal, external)

............................................................

 (degree of study)

............................................................

 (contact: phone number)

**Authorisation to collect Master’s diploma**

I hereby authorise

 (name and surname of a person authorised)

using the following ID document

 (type and number of ID)

to collect my Master’s diploma and diploma supplement.

 ………………………………………………...

 (signature of the person authorizing)

The authorisation was made at the Dean's Office employee.

 ………………………………………………...

 (Dean's Office employee’s signature)