Warsaw, date……...……………

 Name and surname…………………………………..

 E-mail address………….……………………………

**Confirmation**

**of the DPD Head / Rector’s Proxy for Students with Disabilities**

I hereby confirm the performance of tasks resulting from the function of a teaching assistant to student with special needs (name and surname of the student benefiting from the support of the teaching assistant) ………………………………………………………………. . in the semester ........................, in the academic year 20… / 20… by (Assistant’s name and surname) …………………………………………………………………………………… ..

student ID No …………………., in (month) ………………………………………. in the amount of ………………… hours.

 Signature……………………………………………………………………