Wrocław ............................20......... r.

**Attachment to application form for individual organization of studies**

**(Załącznik do wniosku o zgodę na *Indywidualną Organizaję Studiów*)**

**Semester ……… academic year 20……/20….…..**

w semestrze .……. w roku akad. 20……./20……

Imię i nazwisko studenta *(Student’s name and surname*)……........................................................................................

Nr albumu *(Index number)* ........................................................... telefon *(telephone no.)* ..........................................

Stopień studiów (*Level of studies) Bachelor’s degree/ Master’s degree\**

Forma studiów (Form of studies): Stacjonarne/niestacjonarne (Full time/part time)\*

Kierunek *(Programme)* …………………………………………………………………Rok studiów *(Year of studies)*..............................   
Specjalność (Programme specialization) ......................................................................................................................

Semestr *(Semester)* .............................. Year (Rok studiów) ................... Grupa *(Group no.)*……………..........................

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | ZMIANA GRUPY Z (*CHANGE GROUP FROM*): | | |  | ZMIANA GRUPY NA (*TO GROUP*): | |
| przedmiot *(subject)* | grupa  *(group no.)* | prowadzący  *(lecturer)* | podpis prowadzącego  *(lecturer’s signature)* | grupa  *(group no.)* | prowadzący  *(lecturer)* | podpis prowadzącego  *(lecturer’s signature)* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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

podpis studenta *(student’s signature)*

\*cross inapplicable (niepotrzebne skreślić)