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|  | **Wrocław University of Science and Technology****Faculty of Management** |  |

Wrocław, date: .............................

# Student’s name and surname: …………..……………………..

# Student’s number: …………..…..

Faculty of Management

# Field: ……………………..

# Year: …. , semester: …..

Studies degree: ..….

To

Dean of the

Faculty of Management

**About: Realization of course without attending classes**

 **(realizacji kursów bez odbywania zajęć)**

I kindly ask for enrollment on course………………………….

in the winter/ summer\* semester 20….../20…….

Course code: ………………….

Title, name and surname of the teacher: …………………

*………………………….*

student’s signature

*………………………….*

teacher’s signature

\* Cross out inappropriate