Wrocław, ...................202...

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| *Family Name and Surname:* | *Student’s Record Book No:* | *Form of Study:* | | |
|  |  | BSc | Eng | MSc |
| *Field of Study:* | *Current Year of Study:* | *Current Sem. (No):* | | |
| *Specialization:* | | | | |

Vice Dean of Students Affairs

Faculty of Management

Wrocław University of Science and Technology

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In connection with my planned studies abroad, within the …………..Program, I am asking for approval of the following Individual Organization of Studies for **Semester No**. …(**Winter Semester**) **and Semester** No. .. **(Summer Semester), Academic Year** 202../…..

**INDIVIDUAL ORGANIZATION OF STUDIES REGARDING THE PLANNED STUDIES ABROAD**

**WITHIN THE …………………PROGRAM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Current Program of Studies** | **Hours/**  **Sem.** | **ECTS** | **Planned Implementation**  **Equivalent Courses\* / Way of Crediting\*\*** | **Hours/**  **Sem.** | **ECTS** |
| **Semester .......** |  |  |  |  |  |
| **Obligatory Courses:** |  |  |  |  |  |
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| **Elective Courses:** |  |  |  |  |  |
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| **Courses from Semester No.** ….(in advance) |  |  |  |  |  |
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| **Total** |  |  | **Total** |  |  |

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*Student’s Signature*

*Opinion of the Dean’s Representative*

*................................................... ………………………………………………….*

*Dean’s Decision*