…..……………………

……………………………. date

name and surname

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

field of studies

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

level of studies (first-cycle studies/second-cycle studies)

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

mode of study (full-time/part-time)

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

year, semester

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

album number:

Dean of

the Faculty of ………………………………

Pursuant to Paragraph 13 of *Regulamin studiów pierwszego i drugiego stopnia (the Regulations Concerning First-Degree And Second-Degree Studies)* passed by the Senate of Poznan University of Technology by resolution no 42/2020-2024 of 31 May 2021) I hereby apply for individual organization of studies in the semester ............................ in the academic year .................................................

The reason I am making this request is as follows:

………………………………………………………………………………………………......

………………………………………………………………………………………………......

………………………………………………………………………………………………......………………………………………………………………………………………………......

………………………………………………………………………………………………......

………………………………………………………………………………………………......

I hope you will consider and approve my request.

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

*Student's signature*

Appendices:

 ………………………………………………………………………………………………...

 ………………………………………………………………………………………………....

 ………………………………………………………………………………………………...

 ………………………………………………………………………………………………....

**DECISION**

In response to the application of …………and pursuant to Paragraph 13 of Regulamin studiów pierwszego i drugiego stopnia (the Regulations Concerning First-Degree And Second-Degree Studies) passed by the Senate of Poznan University of Technology by resolution no 42/2020-2024 of 31 May 2021

 **I consent to** individual organization of studies in the semester ………….. in the academic year ……………………………………………………………….

In the following area:

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Name of subject | Form of courses | Decision |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

The conditions of individual organization of studies are to be agreed upon with each teacher considering the following rules:

…………………………………………………………………………………………………...

…………………………………………………………………………………………………...

…………………………………………………………………………………………………...

…………………………………………………………………………………………………...

…………………………………………………………………………………………………...

…………………………………………………………………………………………………...

 **I do not consent to** individual organization of studies in the semester ………….. in the academic year ……………………………………………………………….

Reasons for the decision:

…………………………………………………………………………………………………...

…………………………………………………………………………………………………...

…………………………………………………………………………………………………...

…………………………………………………………………………………………………...

…………………………………………………………………………………………………...

…………………………………………………………………………………………………...

…………………………………...…….

date, stamp, and the Dean’s signature

Poznan, on ………..…..…..

Additional information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Name of subject | Form of courses | Teacher | Arrangement |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |