

.....
Filed on

.....
Applicant's full name

.....
Student ref.no.

.....
Year of the program, semester, field of study, level* and mode of study** ,

.....
Mailing address

.....
Tel no. and email address

Dean of the Faculty of
Wrocław Medical University

APPLICATION
for approval to completion of part of the program in another institution

I hereby apply for approval to my attendance and completion of part of the program in:

.....
.....
(insert name of the institution, faculty, year, semester, year of the program, field of study and mode of study)

Justification:

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

A list of subjects (modules) (including ECTS points) I intend to attend and complete:

1.
2.

(date and applicant's signature)

Response to the application:

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(dated, stamped and signed by the Dean)

*level: first cycle (undergraduate) program, second cycle (graduate) program, full cycle Master's degree program
** mode of study: fulltime, part-time (extramural)