

.....  
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 for the student to follow an Individual Study Plan (ISP)**

I would like to apply for approval to an Individual Study Plan (ISP) to be followed by me in the academic year of.....

ISPtopic: .....

My grade point average obtained so far is.....

**JUSTIFICATION**

.....  
.....

The following documents are enclosed to this application:

- 1) A statement issued by a research group supervisor to confirm my active participation in research activities and a proven track record (e.g. contribution to grants, publications, papers),
- 2) A list of subjects (modules) in the selected field, to be studied under ISP,
- 3) A written assessment issued by a research supervisor.

\_\_\_\_\_  
(dated and signed by the applicant)

**Confirmation of the grade point average by the Dean's Office**

The grade point average obtained by the student so far (from the commencement of year one to the application filing date) is.....

\_\_\_\_\_  
(stamped and signed by the Dean's Office staff member)

**Opinion of the Rector's Representative responsible for Individual Study Plans (ISPs)**

.....  
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\_\_\_\_\_  
(dated, stamped and signed by the Rector's Representative)

**The Dean's response:**

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.....  
.....

**Assigned research supervisor:**.....

\_\_\_\_\_  
(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)

\*\*\* cross out if not applicable