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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 Schedule (ISPS)**

I would like to apply for approval to an Individual Study Plan Schedule to be followed by me in
.....semester/academic year***of the program due to the following reason(s)****:

- a) being a member of a national (reserve) team, an Universiade team or an academic team in sports,
- b) attending programs in two or more fields of study,
- c) attending an individual cross-curricular program,
- d) having been appointed to the University's collegial bodies,
- e) being the only custodian of (a) child(ren),
- f) a disability/disabilities,
- g) other important ill-fated or personal reasons.

JUSTIFICATION

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The following are enclosed to the application:

- 1.
- 2.
- 3.

(dated and signed by the applicant)

Response in the case:

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(dated, stamped and signed by the Dean)

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* 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