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| Name and surname: ………………………………………………  Student book number:…………………  Faculty of Electronics, Photonics and Microsystems  Field of study: …………………………….  Specialty: …………………………….  Year of study: ………………., stage (semester): ……………  Form: Stationary  Degree of study: 1st cycle / 2nd cycle\*  Profile: Academic | Wrocław, ………..…………  **WYPEŁNIA DZIEKANAT**  Wpłynęło dnia: |

**Dean of the Faculty of**

**Electronics, Photonics and Microsystems**

**Subject: Dean’s / Health / other\* ………………………………\*\* leave**

In accordance with the Regulations for Degree Programmes at Wroclaw University of Science and Technology § 27, I kindly ask for your consent to granting dean’s / health / other\*………………………………..\*\* leavein the winter/summer semester\* of the academic year 20….…/20….…

**Courses to be completed during leave \*\*:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **USOS course code** | **Course name** | **ECTS points** | **Number of hours** | **Semester number according to plan** | **No. of realisation** |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |

Total ECTS to be completed:……….

**Justification of the application:**

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| **Note: The student is obliged to register on courses in accordance with the Dean's decision. By obtaining the Dean's consent for a leave, the student is aware of the provisions arising from the Regulations for Degree Programmes at Wroclaw University of Science and Technology § 27 sec. 16.**  …………………………………..  (student’s signature) |
| **Dean’s decision**  I consent / I do not consent\*  **Remarks:**  …………………………………..  (signature and seal of the Dean) |