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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: Application for replacement courses (§ 22 sec. 4)**

Due to the failure of the courses listed below and the impossibility of their realisation, please consent to the realisation of replacement courses in the winter / summer semester \* of the academic year 20 …..... / 20 …..... according to the following list:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Failed courses** | | | | | **Replacement courses** | | | | |
| Course code | Course name | Form of classes^ | Hours (h/sem.) | ECTS points | USOS Course code | Course name | Form of classes^ | Hours (h/sem.) | ECTS points |
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^ W - lecture, C - exercises, L - laboratory, P - project, S – seminar

**NOTE!**

1. **The scan of the application should be sent to the email address: anna.stelmach@pwr.edu.pl with a proposal for the dates of the groups to which you want to register.**
2. **The application should be accompanied by the Course Card if the replacement subject is from outside the W12N Faculty.**
3. **Enrollment for a courses from another Faculty (consent required) is made by the relevant Faculty where classes in the substitute course are organized.**

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| …………………………………..  (student’s signature) |
| **Dean’s decision**  I consent as far as there are vacancies/ I do not consent\*  …………………………………..  (signature and seal of the Dean) |