Name and surname: ……………………………………………… Wrocław, date ………………

Student book number:…………………

E-mail: ..........................@student.pwr.edu.pl

Address: …………………….…………………………

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 **Dean of the Faculty of**

**Electronics, Photonics and Microsystems**

**Subject: Health leave**

In accordance with the Regulations of Studies at the Wrocław University of Science and Technology, I kindly ask for your consent to granting a **health leave**

in semesters from: winter/summer\* 20….../20…... to: winter/summer\* 20…./20…...

**Subjects to be completed while on health leave** \*\*:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Subject code****and form of classes** | **Subject name** | **ECTS points** | **Number of hours** | **Semester number according to plan** | **Subject completion number** |
| 1. |   |   |   |   |   |   |
| 2. |   |   |   |   |   |   |
|  |   |   |   |   |   |   |
|  |   |   |   |   |   |   |
|  |   |   |   |   |   |   |

Total ECTS to be completed:……….

**Subjects to be canceled\***\*:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Subject code****and form of classes** | **Subject name** | **ECTS points** | **Number of hours** | **Semester number according to plan** | **Subject completion number** |
| 1. |   |   |   |   |   |   |
| 2. |   |   |   |   |   |   |
|  |   |   |   |   |   |   |
|  |   |   |   |   |   |   |
|  |   |   |   |   |   |   |

Total ECTS to cancel:……….

|  |
| --- |
| **Justification of the application:**  |
|  | …………………………………..(student's signature) |
| **Dean's decision****I consent / I do not consent\*** |  |
| **Remarks \*\*:** |  |
|  |  |
|  | ………………………………….(signature and seal of the Dean) |