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**

 **Wrocław University of Science and Technology**

**About: Realization of subject without attending classes (realizacja przedmiotów bez odbywania zajęć, tryb eksternistyczny)**

I kindly ask for enrollment on subject:

……………………………………………………………………………………………………….………

(subject name, subject code)

……………………………………………………………………………………….………………………

(title, name and surname of the teacher)

extramural (i.e. without attending classes) in the winter / summer semester \*

of the academic year 20 ........... / 20 ..........

**JUSTIFICATION**:………………………………………………………………………….…………………

………………………………………………………………………….………………………………………

…………………………………………………………………………………………………………………

 …………………………………..

 (student’s signature)

Teacher’s signature: ………………………………

**Dean's decision**

**I agree / I do not agree \***

…………………………………………

 (Dean’s signature)