................................................................................................ Krakow, .........................................

 (*Name and Surname*) (*Date*)

Field of Study: .........................................................................

Specialisation track: ................................................................

Year of study: ............... Semester: ........................................

Student identification number or code: ...................................

first-cycle/ second-cycle/ long-cycle master’s degree\*) studies

full-time/ part-time\*) studies

 **Professor ………………………………………..**

 **Dean of the Faculty of …………………………**

 **of Andrzej Frycz Modrzewski Krakow University**

I kindly ask for organisation of the individual plan of studies based on postponement of the realization of the

summer clerkship in....................................................................................................................................................

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 …………………………………………….

  *(student’s signature)*

**Student Services Office comments:** ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Dean’s decision:**

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

Pursuant to § 13 of the Regulations of Studies which are obligated at the University I agree / do not agree\* for organisation of the individual plan of studies based on postponement of the realisation of summer clerkship

Justification of the rejection: ………………………………………………………………………………………..

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Krakow, ................................. Dean’s signature and seal:: ....................................................

Instruction:

This decision may be appealed against to the Rector of the Andrzej Frycz Modrzewski Krakow University through the Dean of appropriate Faculty within 14 days of receiving the decision.

I confirm receipt of the decision decyzji............................................................................…

 (date and Student’s signature)

 \* delete accordingly