................................................................................................ 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 ………………………………………**

**Andrzej Frycz Modrzewski Krakow University**

I kindly ask your consent to an individual curriculum plan of studies for the period of *winter/summer*\* semester in the academic year ………………………………… consisting in: ……………………………………. ....................................................................................................................................................................................

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Justification:.....................................................................................................................................................................................................................................................................................................................................................

.........................................................

(student’s signature)

Attachments to the application:

1. .................................................
2. .................................................

Student Service Office Comments:………………………………………………………………………………….

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**Dean’s Decision**: Pursuant to § 13 of the Study Regulations of the Andrzej Frycz Modrzewski Krakow University *I consent/ I do not consent*\*) to an individual curriculum plan of studies in the above-mentioned period of *winter /summer*\* semester of the academic year ………………………. consisting in:

1. exemption from the obligation to attend some obligatory classes\*,
2. postponing the exam submission deadlines beyond the period designated by the exam session schedule\*,
3. individualised form of passing exams and submitting tests\*
4. …………………………………………………………………………………………………………….

Justification for refusal

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Krakow, (*date*) ......................... Dean’s signature and seal: ...................................................................

Instruction:

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

I acknowledge the receipt of the decision:....................................................................................................................................................................

(*date and student’s signature*)

\* cross out irrelevant