Wrocław,date……………………..

Full name of student………………………

Student’s book number……………………

Field of study……………………………...

Degree………………………..

Year and Semester……………

**Vice-Dean for Full-time Degree Programmes
 SŁAWOMIR SUSZ, PhD, Eng**

**Request for the course in extramural studies (without attending classes)**

I kindly request for a consent to follow the course

…………………………………………………………………………………………………

**(course name, course code, course form)**

**…………………………………………………………………………………………………**

**(full name of the teacher)**

**in winter/summer semester 20.../20…**

**Student’s reason:**

**.....................................................................................................................................................................................................................................................................................................................................................................................................................................................................**

**………………………**

**Student’s signature**

**Teacher’s decision:**

**I agree/ I do not agree**

**………………………**

**date and teacher’s signature**

**Vice-Dean’s decision**

**I agree/ I do not agree**

**………………………**

**date and Vice-Dean’s signature**