**Application for the extramural way of earning credits for a course**

**as part of an individual study organisation (IOS)**

Wrocław, on

Student’s name:

Student’s number:

Mailing address:

Contact (telephone number, e-mail address):

Field of study:

Year of study:

Studies: first/second cycle, full-time/part-time

**Mr / Ms**

**Deputy Dean of the Faculty of Languages, Literatures and Cultures of the University of Wrocław**

I request permission to take the following courses extramurally as part of the Individual Organisation of Studies (IOS):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Course name | Instructor’s name | Course form | Number of hours |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

My request is justified by the following facts:

For each course, I attach a schedule for its completion within the framework of the Individual Organisation of Studies agreed with the course instructor.

Yours sincerely,

*(handwritten signature)*

Opinion and signature of the relevant institute/chair deputy head:

Decision and signature of the Deputy Dean: