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Application filling date

.....  
Name and surname of the applicant

.....  
Student ID No.

.....  
Year of the program, semester, field of study, level\* and mode\*\* of study

.....  
Mailing address

.....  
Phone number and e-mail address

**Dean of the Faculty .....  
of Wrocław Medical University**

**APPLICATION  
for approval to follow an Individual Study Plan Schedule (ISPS)**

I hereby apply for approval for an Individual Study Plan Schedule to be followed by me in the semester/academic year of\*\*\* under

the rules specified in the Academic Regulations of Wrocław Medical University ..... due to\*\*\*\*:

- a) being a member of a national team, a reserve national team, a Universiade team or an academic team in sports,
- b) attending programs in 2 (two) or more fields of study,
- c) having been appointed to the University's collegial bodies, commissions operating under the internal regulations of the University,
- d) important ill-fated or personal reasons.

**Justification:**

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**The following are enclosed to the application:**

- 1) .....
- 2) .....
- 3) .....

\_\_\_\_\_  
(date and legible signature of the applicant)

**The Dean's response to the application:**

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.....

\_\_\_\_\_  
(date, seal and signature of the Dean)

*\* level of study: first cycle program, second cycle program, full cycle Master's degree program*

*\*\* mode of study: full-time, part-time*

*\*\*\* delete as appropriate*

*\*\*\*\* select as appropriate*