|  |
| --- |
| First name and surname  |
| Register number  |
| Faculty  |
| Year and semester of studies |
| Form and level of studies |
| Date  |

 **VICE-DEAN**

 **OF THE FACULTY OF PHILOLOGY**

 **OF THE UNIVERSITY OF LODZ**

 **…………………………………………………**

**RE: INDIVIDUAL SCHEDULE AND CURRICULUM**

I would like to ask you to **give a consent for me to study within the Individual Schedule and Curriculum** since .............. academic year 20....... /20........ .

The scientific supervisor will be ...........................................................................................

*Justification:*

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

I hereby ask for a positive consideration of my request.

 /student’s signature/

***Filled in and confirmed by the Dean:***

The student completed ............. semesters of studies and obtained a grade point average ……………..

 *…………………………………………….*

 */date and signature of the Dean’s Office’s employee/*

***Consent of the Scientific Supervisor:***

*I hereby agree to act as the Scientific Supervisor.*

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

 /first name and surname of the Scientific Supervisor/ /signature of the Scientific Supervisor/

**Decision of the Vice-Dean of the Faculty of Philology of the University of Lodz:**

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

………………………………………………………………………………...............................

Lodz, ........................... ……………………

  *(signature of the Vice-Dean)*

The decision was announced to the student on ..............

 ………………………..………………

 *(student’s signature)*