……………………………………………………… Wrocław, …................... 20.........

 name and surname

………………………………………………………

 field and degree of studies

………………………………………………………

 year and semester of studies

Faculty of Earth Sciences and Environmental Management of the UWr

Vice-Dean for teaching

dr hab. Waldemar Spallek

………………………………………………………

index number

………………………………………………………

 email address

………………………………………………………

 phone number

I request permission to take the courses listed in the attachment to this application for **extramural credit**.

Regulations concerning the student’s situation (*delete as appropriate*):

* studying two faculties at the same time,
* professional work,
* family situation,
* health problems,
* recognised disability,
* other (requires justification).

I attach (*delete as appropriate*):

* documentation to support the indicated rationale,
* additional justification (if required),
* an attachment containing the approvals signed by the teachers of the above indicated classes.

…………………………………………………………………………

student’s signature

*the opinion of*

 *the Director of Teaching*

 …………………………………………………………

 name and surname

 …………………………………………………………

 field and degree of studies

**Attachment to the application for extramural credit for some classes**

 …………………………………………………………

 year and semester of studies

…………………………………………………………

 index number

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Full name of the course | Name of the instructor | Type of class1 | Examination2 | Time credit3 | Signature of the instructor if he/she agrees |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

 L – Lecture; C – Class; L – Lab; DS – Diploma Seminar; S – Seminar; F – field exercises.

2 Brief description of how the student will complete the course.

3 Approximate time for credit (*e.g.* one week of classes, one month of the semester, end of the semester, main examination session, revision session).