Wrocław, date

Name and surname:
Student no:

Faculty of Fundamental Problems of Techonology
Level of study:
Field of study:
Specialty:
Year of study: , semester:

 **Vice-Dean for Education**

**Faculty of Fundamental Problems of Technology**

**Wroclaw University of Science and Technology**

**Subject:** Changing of course code

Please consent to the following courses (currently available courses):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Course codeand form of classes | Course name | No of ECTS points | No of hours |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

The courses listed above are substitutes for the following outstanding courses from my study program:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Course codeand form of classes | Course name | No of ECTS points | No of hours |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

……….…..……………………………..
Student’s signature

I consent/I do not consent\* to the implementation of replacement courses

……….…..……………………………..
Dean’s signature

\*) delete as appropriate