Wrocław, date Kliknij tutaj, aby wprowadzić datę.

*Surname last name*

Scientific discipline: Wybierz element.

ID number: ………

Year of eduction: Wybierz element.

**Dean of Doctoral School**

**Prof. Krzysztof Walkowiak**

**Application for consent to the implementation of the course outside the offer of the Doctoral School**

I am asking for your consent to the implementation of a course outside the offer of the Doctoral School. The course *name of the course, the course code* will be implemented in *place of course implementation, e.g., university, faculty, field of study* in the semester *winter/summer academic year* and will be conducted by *name of the person conducting the course*.. The number of hours of the course is *number of hours*.

Justification:

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*(signature of PhD student)*

Opinion of supervisor:

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*(signature of supervisor)*

Attachments:

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