Wrocław, date Kliknij tutaj, aby wprowadzić datę.

 *Surname last name*

Scientific discipline: Wybierz element.

ID number: ………

Year of eduction: Wybierz element.

**Vice-Rector for Education**

**Prof. Kamil Staniec**

**Application for consent to the reduction of the apprenticeship trainings of
a doctoral student at the Doctoral School**

I am asking you to reduce the number of apprenticeship trainings by *number of hours*  in academic year Wybierz element., in which I am obliged to undergo Wybierz element. of apprenticeship trainings according to my curriculum.

Justification:

 *Please refer to the relevant provisions of the current regulations of the Doctoral School in the scope of reducing the apprenticeship trainings (e.g. § 4 section 12 point ## (select the appropriate point from 1 to 6) PO 30/2021) and provide the appropriate justification*

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(*signature of PhD student*)

Opinion of supervisor:

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(*signature of supervisor*)

Opinion of Dean of Doctoral School:

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(*signature of Dean of Doctoral School*)

**Decision:**