|  |  |  |
| --- | --- | --- |
|  | **Wrocław University of Science and Technology**  **Faculty of Information and Communication Technology** |  |

Wrocław, date: .............................

# Student’s name and surname: ………………………..

# Student’s number: ………..

Faculty of Information and Communication Technology

# Field: ………………..

# Year: … , semester: ….

Studies degree: ….

To

Dean of the

Faculty of Information and Communication Technology

**About: Realization of course without attending classes**

**(realizacji kursów bez odbywania zajęć)**

I kindly ask for enrollment on course………………………….

in the winter/ summer\* semester 20….../20…….

Course code: ………………….

Title, name and surname of the teacher: …………………

*………………………….*

student’s signature

*………………………….*

teacher’s signature

\* Cross out inappropriate