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|  | **Wrocław University of Science and Technology****Faculty of Computer Science and Management** |  |

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

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

# Student’s number: ………..

Faculty of Computer Science and Management

# Field: ………………..

# Year: … , semester: ….

Studies degree: ….

To

Dean of the

Faculty of Computer Science and Management

**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