Dąbrowa Górnicza, ……………………

Name and Surname: …………………………………………………………………………

Address: ……………………………………………………………………………………..

……………………………………………………………………………………………….

Telephone number: ………………………………………………………………………….

E-mail address: …………………………………………………………………………………

***To the Dean of WSB University:***

I am writing to request my admission to the ……… semester of **full-time/ part time** first-cycle/second-cycle\* studies at WSB University.

Field of study: Computer Science/ International Relations/ Management\*,

specialization: …………………………….

\*delete as applicable

I justify my request by ……………………….............................................................................

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

Yours sincerely,

……………………………

Enclosure:

1. A photocopy of the student record book (a photocopy of full pages) + the original available for inspection

**CURRICULAR DIFFERENCES**

**NAME AND SURNAME:**

**FIELD OF STUDY:**

**SEMESTER/ACADEMIC YEAR:**

|  |  |  |
| --- | --- | --- |
| **No.** | **Name of the course** | **Form of obtaining course credit** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
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| 17. |  |  |
| 18. |  |  |
| 19. |  |  |
| 20. |  |  |

Date and signature of the person who determines the curricular differences: ……………………………

The Dean’s decision: I agree/I disagree\* to the student’s admission\*/repetition of a semester\*/change in the mode of study\*/change in the field of study\*/resumption of studies\*/ in the ……. semester in the academic year ………/………..

**Profile**: a general academic\*/practical\* profile/ **program of studies**: first-cycle\*/second-cycle\*/**mode of study**: full-time\*/part-time\*

Remarks: …………………………………………………………………………………………………………….

\*- delete as applicable

Signature

………………………..

I confirm that I am familiar with the curricular differences defined above and I am obliged to obtain the necessary course credits. …………………………………………………………………………….

(*Date and the Student’s signature*)