Kraków, on …………………………. *(date)*

……………………………………………………………

Student’s name and surname

…………………

No. of Student album/register

…………………………………………………………………………………….………

Field of study/study major; form, mode, and semester of studies

…………………………………………………………………………………………….

Address for correspondence

**To ………………………..…….………………………,**

**Director of the Institute of ………..………………**

**…………………………..…………………… College**

**Cracow University of Economics**

Pursuant to Article 15 of the Study Regulations of the Cracow University of Economics, I wish to kindly request permission to study according to an **individual educational path (ISE)[[1]](#footnote-1)**in the …………..……. semester of the academic year ………………..…….. , with ……………………………………..………… (*lecturer’s name*) in the capacity of my academic supervisor.

At the same time, I declare that I have completed the second semester of my studies, and that I have demonstrated outstanding academic results, that is, my average grade from the credited subjects so far (not including the subjects from the semester immediately preceding the one for which I request the individual educational path) was at least 4.0.

Attached please find the description of the course of my studies to date, along with the documented academic results in my study field/major.

Furthermore, I undertake to provide, within two weeks of the decision by the Director of the Institute, the study curriculum verified and approved by my academic supervisor, as well as the enumeration of my responsibilities as a student in terms of participation in lectures, practical classes, research projects, internships and other classes, with deadlines for their completion.

Yours sincerely

……………………………………..……………………….

I agree to act as the academic supervisor

………………………………………………………………

(*signature of the proposed academic supervisor or email confirming the supervisor’s consent, attached with this application*)

**Required appendices**:

1. Description of the course of studies to date
2. Documented academic results within the study field/major

**Appendix 1**

Description of the course of studies to date, along with the documented academic results in the given study field/major:

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(date) (signature)

Studying according to an **individual educational path (ISE)**

Regarding the application of: …………………………………………….. (*Student’s name and surname*)

of: ………………………………….. (*date*)

**Information filled in by the Dean’s Office staff:**

* **Date of receipt** of the application at the Dean’s Office: ………………………….. **WITHIN DEADLINE / AFTER DEADLINE**
* **Grade point average** from the previous course of study (not including subjects from the semester immediately preceding the one for which the individual educational path is requested): ……………………..……….
* Other:……………………………………………………………………………………………………………………..………………………………

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(*date*) (*signature and stamp*

*of the Dean’s Office employee)*

**DECISION OF THE DIRECTOR OF THE INSTITUTE**

Pursuant to Article 7 of the Study Regulations of the Cracow University of Economics

* **I GRANT MY APPROVAL** for studying according to an individual educational path (ISE)
* **I DO NOT GRANT MY APPROVAL** for studying according to an individual educational path(ISE) –subject to the followingjustification:

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**I hereby appoint …………………………………………………………….………………………… as the academic supervisor.**

…………………………………… …………….... , …………………………………………………..

*(date) (signature and stamp*

*of the Director of the Institute)*

**Proposed study curriculum within the individual educational path - ISE (\*) for ……………………………….……………………,** semester: ………… academic year: ………………….

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Courses resulting from the regular curriculum** | | | | | **Proposed courses within the individual educational path (ISE)** | | | | | |
| **No.** | **Name of the subject/course** | **Number of hours of practical classes** | **Number of hours of lectures** | **ECTS points** | **No.** | **Name of the subject/course** | **Number of hours of practical classes** | **Number of hours of lectures** | **ECTS points** | **Course lecturer** |
|  |  |  |  |  |  |  |  |  |  |  |
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**………………………….……………………...**

(Student’s signature)

**Opinion of the academic supervisor ……………………………………………………………………………………………………………………………….……………………………………………………………………………………**

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

*(date) (signature of the academic supervisor)*

**I approve the proposed study curriculum**

…………………………………… …………….... , …………………………………………………..

*(date) (signature and stamp*

*of the Director of the Institute)*

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\* Within two weeks of the decision by the Director of the Institute, the students must submit to the Dean’s Office: the proposed study curriculum, the enumeration of Student’s responsibilities in terms of participation in lectures, practical classes, research projects, internships and other classes, with deadlines for their completion.

1. The application, along with the supporting documents, must be submitted no later than two weeks before the start of the semester, to which the request applies. [↑](#footnote-ref-1)