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 16 of the Study Regulations of the Cracow University of Economics (excluding section 7), I wish to kindly request permission to study according to an **individual mode of following classes (ITZ)[[1]](#footnote-1)** in the …………..……. semester of the academic year ………………..…….., due to:

* my disability,
* chronic disease, preventing my systematic participation in classes,
* taking care of a bedridden sick member of the immediate family,
* having qualified for a scholarship or an internship abroad in intra-university procedures,
* cases in which there exist other important reasons:
	+ pregnancy,
	+ becoming a parent,
	+ other

At the same time, I declare that I have completed the first semester of my studies[[2]](#footnote-2) and I am currently enrolled to the ………………. semester of studies.

Yours sincerely,

……………………………………..……………………….

**Appendices**:

1. Disability certificate issued by a body authorized in this regard,
2. Appropriate medical certificate,
3. Medical certificate stating the illness of a member of the immediate family of the student, and the student’s declaration that he/she is taking direct care of that immediate family member, including the degree of kinship between them,
4. Appropriate document issued by a competent body, department, or employee of the University, confirming the student’s qualification and enrolment to a scholarship or internship abroad within the framework of the University’s internal procedures,
5. Relevant documents that confirm the circumstances in relation to which the student applies for the individual mode (ITZ).

Studying according to an **individual mode of following classes (ITZ)**

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 / NOT APPLICABLE**
* **The Student completed the first semester of studies YES / NO**
* Other:……………………………………………………………………………………………………………………..………………………………

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

(*date*) (*signature and stamp*

 *of the Dean’s Office employee)*

**DECISION OF THE DIRECTOR OF THE INSTITUTE**

According to Article 10 of the Study Regulations of the Cracow University of Economics (excluding section 7)

* **I GRANT MY APPROVAL** for an individual mode of following classes (ITZ)
* **I DO NOT GRANT MY APPROVAL** foran individual mode of following classes (ITZ) – subject to the following justification:

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

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

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

*(date) (signature and stamp*

 *of the Director of the Institute)*

……………………………………………………….

*Student’s name and surname*

…………...... …..……………..………………………………….…

*Student album/register No. Form, study field/major, semester*

*Institute of …………………………………………………………………………………..*



……………………………………..……………

*Stamp of the Dean’s Office*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INDIVIDUAL MODE OF FOLLOWING CLASSES (ITZ)[[3]](#footnote-3)**

**in the summer/spring semester**

IN THE ACADEMIC YEAR 20……/20……

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **SUBJECT** | **Course lecturer** | **Dates agreed with the course lecturer** | **Signature of course lecturer** |
| **Course completion** | **Subject exam** |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |
| **4.** |  |  |  |  |  |
| **5.** |  |  |  |  |  |
| **6.** |  |  |  |  |  |
| **7.** |  |  |  |  |  |
| **8.** |  |  |  |  |  |
| **9.** |  |  |  |  |  |

**I accept the proposed schedule of course completion**

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

*(date) (signature and stamp of the Director of the Institute)*

1. The student must submit the application, along with the supporting documents, to the Director of the Institute, no later than two weeks before the start of the semester, or immediately after the reason justifying the individual mode (ITZ) occurs. [↑](#footnote-ref-1)
2. This does not apply to pregnant students, students who become parents, students with disabilities, and students evoking particularly grave emergencies. [↑](#footnote-ref-2)
3. Within two weeks from having obtained approval for the individual mode of following classes (ITZ) from the Director of the Institute, the student must provide to the Director for approval the schedule for course completion agreed with course lecturers. The student completes the approvals of courses starting later than two weeks after the beginning of the given semester within two weeks from the first class in each of those subjects/courses. [↑](#footnote-ref-3)