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

**…………………………………………… College**

**of the Krakow University of Economics**

Based on the Regulation by the Rector regarding the principles of choosing specializations and elective courses in first-cycle, second-cycle, and uniform Master’s studies, I kindly request your consent **to change the elective course(s)**, studied in semester …........ of the academic year 20...../20.......:

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Course I am presently enrolled at | Elective course I would like to attend instead | Semester in which the elective course would be studied |
|  |  |  |  |
|  |  |  |  |

My reason for having to change the elective course/courses is as follows: …......................................................................................................................................................................................................................................................................................................................

Yours sincerely

……………………………………………………….

**Changing the elective course(s)**

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

of: ……………………….. (*date*)

**Information entered by the employee of the Office for (First-cycle/Second-cycle and Long-cycle) Program:**

Number of persons enrolled in respective elective courses: …...........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

…………………………………… ……………………………………………………….

(date) (signature and stamp of the employee of the Office for [First-cycle/Second-cycle and Long-cycle] Program)

**DECISION OF THE DIRECTOR OF INSTITUTE**

Pursuant to the Regulation by the Rector regarding the principles of choosing specializations and elective courses in first-cycle, second-cycle and uniform Master’s studies

* **I GRANT MY APPROVAL** for changing the elective course(s)
* **I DO NOT GRANT MY APPROVAL** for changing the elective course(s) – subject to the following justification: …………….….………………………………………………………………………………………………………………

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

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