Kraków, on …………………………. *(date)*

……………………………………………………………

Student’s name and surname

…………………

No. of Student album/register

…………………………………………………………………………………….………

Field of study/study major

…………………………………………………………………………………………….

Form and mode of studies

…………………………………………………………………………………………….

Contact phone number

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

**…………………………………………… College**

**of the Krakow University of Economics**

As a participant of the KUE Honours Program (“WISE”), pursuant to Article 15 of the Krakow University of Economics Study Regulations, 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.

I kindly request approval for the following modifications in relation to the studied elective courses:

I request the removal of the following elective courses from my educational path:

|  |  |  |
| --- | --- | --- |
| **Course/subject name** | **Number of ECTS point** | **Discipline/s** |
|  |  |  |
|  |  |  |

I request the addition of the following elective courses to my educational path:

|  |  |  |
| --- | --- | --- |
| **Course/subject name** | **Number of ECTS point** | **Discipline/s** |
|  |  |  |
|  |  |  |

Your 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*)

**DECISION OF THE DIRECTOR OF INSTITUTE**

Pursuant to Article 15 of the Study Regulations of the Krakow 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:

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

………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………

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

…………………………………… ……………...………………………………

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

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)