.................................................................................................................................... Poznań, dnia........................................................

imię i nazwisko studenta

numer albumu ..............................................................................

rok studiów, grupa

................................................................................................................................

nr telefonu/ adres e-mailowy

...............................................................................................................................

adres do korespondencji

***Sz. Pani***

***Prof. dr hab. Ewa Wender-Ożegowska***

***Koordynator Wydziałowy Programu Erasmus +***

***Uniwersytetu Medycznego im. K. Marcinkowskiego***

***w Poznaniu***

**Podanie studenta o:**

- Indywidualna organizacja zajęć w roku akademickim 2016/2017

**-** Zaliczenie przedmiotów/egzaminów na podstawie transkryptu

..............................................................................................................................................................................................................................................................................................................................................................

..............................................................................................................................................................................................................................................................................................................................................................

..............................................................................................................................................................................................................................................................................................................................................................

..............................................................................................................................................................................................................................................................................................................................................................

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Lp.** | **Przedmiot** | **Rok studiów** | **Zaliczenie** | **Egzamin - ocena** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |
| **6.** |  |  |  |  |
| **7.** |  |  |  |  |
| **8.** |  |  |  |  |
| **9.** |  |  |  |  |
| **10.** |  |  |  |  |

- Zmianę harmonogramu zajęć w roku akademickim 2016/2017

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Lp.** | **Przedmiot** | **Rok studiów** | **Grupa** | **Możliwość dopisania do grupy** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |
| **6.** |  |  |  |  |
| **7.** |  |  |  |  |
| **8.** |  |  |  |  |
| **9.** |  |  |  |  |
| **10.** |  |  |  |  |

**Zobowiązuję się zrealizować zaakceptowany harmonogram.**

**Ewentualne zmiany wymagają akceptacji i zgody Pani Dziekan.**

**- inne:** ....................................................................................................................................................................................................................................................................................................

............................................................................................................................................................................................................................................................................................................................

...................................................................................

data i czytelny podpis studenta

**Decyzja Koordynatora Wydziałowego**

**Programu Erasmus+**

..............................................................................................................................................................................................................................................................................................................................................................

..............................................................................................................................................................................................................................................................................................................................................................

..............................................................................................................................................................................................................................................................................................................................................................

..............................................................................................................................................................................................................................................................................................................................................................

..............................................................................................................................................................................................................................................................................................................................................................

**Koordynator Wydziałowy**

**Programu Erasmus+**

***Prof. dr hab. Ewa Wender-Ożegowska***