date of receipt of the application:

APPLICATION

for consent to implement education as part of the Individual Course of Studies (ITS)

To the Dean of the Faculty of ……………………………….

of the Medical University of Bialystok

Name and surname: ..........................................................………………………………………………………................

Year of studies: ............ course: ......................……….…………….. student ID number: ......................………………..

I request that you admit me to the ITS implemented in the academic year: ……………………………………..….…………..

**Substantiation:**

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

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

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

I enclose to the application:

1. recommendation of the head of the teaching unit
2. the ITS programme

**Date and signature of the applicant:** ………………………………………..………………………….

**Confirmation of average grade**

Mr / Mrs ....................................................….……... has obtained in the current

course of studies the following average grade: ......................................................................................

**Signature and stamp of the Dean's office employee:**………………………………………………..

**Supervisor's opinion**

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

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

**Signature:** ………………………………………………..

**Dean's Decision**

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

**Signature and stamp:** ………………………………………………..