

Łódź,

.....
First name and Family name

Faculty of Management, UL

Study Programme:

Specialisation:

Full-time studies / Part-time studies*; 1st-cycle studies / 2nd-cycle studies*

.....
year of studies student's album number

.....
address for correspondence, phone number

**Vice-Dean for Student Affairs
Faculty of Management, UL**

CONCERNS THE INDIVIDUALLY-ARRANGED STUDY SCHEDULE AND PROGRAMME (IPS)

I request **to be allowed to study under the individually-arranged study schedule and programme**, with the grading done by semester / by year*, as of the semester of the 20..... /20..... academic year.

The supervising tutor:

The justification:

.....

.....

I am kindly asking that my request be considered positively.

.....
student's signature

To be filled and confirmed by the Dean:

The student has passed semesters of studies and obtained the average of

.....
date and signature of the Dean's Office employee

The supervising tutor's consent:

I do agree to perform the function of the Supervising Tutor.

.....
the Supervising Tutor's signature

Decision of the Vice-Dean for Student Affairs of the Faculty of Management, UL:

I do agree. / I do not agree*.

Łódź,

.....
the Vice-Dean's signature

The decision was announced to the student on

.....
the student's signature

* cross out one of the options

TEMPLATE
THE LIST OF COURSES
For INDIVIDUALLY-ARRANGED STUDY SCHEDULE AND PROGRAMME

Name of the course	Form of the course		Number of hours		ECST	The form of assessment
SEMESTER						
GENERAL COURSES (mark the additional courses)						
<i>e.g. Marketing</i>	lecture	tutorials	30	15	3	exam
<i>M.A. seminar for the semester</i>						
SPECIALISATION COURSES (mark the additional courses)						
<i>e.g. Zarządzanie przedsiębiorstwem</i>	lecture	tutorials	30	15	4	assessment
ELECTIVE COURSES (mark the additional courses)						
	lecture	tutorials	30	15	2	assessment

.....
Student's signature

I accept the above programme of the IPS.

Łódź,

.....
the Supervisor's signature