Appendix No. 2 to Order No. 148/XVI R/2023 of the Rector of Wroclaw Medical University of 31 August 2023

Application filling date	
Name and surname of the applicant	
Student ID No.	
Year of the program, semester, field of study, level* and mode** of study	
Mailing address	
Phone number and e-mail address	
	Dean of the Faculty of Wroclaw Medical University
APPLICA for approval to follow an I	
I hereby apply for approval for an Individual Study F 20/20, under the rules specified in the Academic ISB tapic:	Regulations of Wroclaw Medical University.
ISP topic:	
Justification:	
The following are enclosed to the application:  1) A certificate issued by the supervisor of a student activity or documented scientific achievements (e.g.	., participation in grants, published works, papers) or, ther with a scientific record in the field related to the order ISP,
Confirmation of the grade point average by the Dean's  The grade point average obtained from the current coundate) is	
	(date, seal and signature of the Dean's Office staff member)

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Opinion of the Rector's Representative responsible f	or Individual Study Plans (ISPs)
	(date, seal and signature of the Rector's ISP Representative)
The Dean's response to the application:	(date, seal and signature of the Rector's 15P Representative)
Assigned research supervisor:	
	(date, seal and signature of the Dean)

<sup>\*</sup> level of study: first cycle program, second cycle program, full cycle Master's degree program
\*\* mode of study: full-time, part-time