**REQUEST FOR THE INDIVIDUAL ORGANISATION OF STUDIES (IOS) – PASSING COURSES IN AN EXTRAMURAL FORM**

Wrocław, on

Student’s name and surname:

Student’s identification number:

Place of residence:

Contact (e-mail address, phone number):

Field of study:

Year of study:

Studies: first-cycle/second-cycle full-time/part-time

**Mr/Ms**

**vice-dean of the Faculty of Letters of the University of Wrocław**

On the basis of § 4 point 12 of the Study Regulations of the University of Wroclaw and the Resolution No. 259/2017 of the Council of the Faculty of Letters of the University of Wroclaw of 21 November 2017 on the form, mode and organisation of the course of first-cycle and second-cycle studies offered by the Faculty of Letters of the University of Wroclaw, I hereby request for granting me the possibility to participate in courses according to the individual organization of studies (IOS), in an extramural form. My request is justified by the following *(highlight the appropriate option)*:

* The right I have as a student of the last credit period to retake the course modules in advance (no more than two),
* disability or other legitimate and documented health reasons:

* parental care of a small child,
* studying several fields of study at the same time,
* participation in a foreign exchange (it does not apply to trips within the Erasmus programme, whose organisation rules are specified in separate regulations),
* other important personal reasons:

I present the schedule of pursuing courses in the extramural form and the course instructors’ consents.

Yours sincerely,

(handwritten signature)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student’s name and surname: | |  | | | | | | |
| **SEMESTER SCHEDULE OF PURSUING COURSES IN THE EXTRAMURAL FORM (MAXIMALLY THREE COURSES)** | | | | | | | | |
| Winter/spring semester of the academic year | | | | | | | | |
| Columns 5-8 should be filled in by course instructors. | | | | | | | | |
| **No.** | **Course name** | **Instructor’s name and surname** | **Course form (lecture, discussion classes, seminar)** | **Number of hours** | **Manners of verifying the learning outcomes[[1]](#footnote-1) (when needed, use a separate sheet of paper)** | **Working schedule (assignments and deadlines)** | **Date of final semester test/examination (if scheduled before the examination period)** | **Course instructor’s signature** |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |

Opinion and signature of the institute’s/chair’s head/vice-head for teaching

Vice-dean’s decision and signature

**NOTE:** The completed and signed request should be submitted to the Dean’s Office of the Faculty of Letters by the end of the second week of the semester at the latest. Requests which are incomplete and submitted after the deadline will not be accepted.

1. The achievement of learning outcomes can be verified on the basis of: a) written assignments submitted within the set deadlines (the assignment title, its required volume, evaluation criteria and the list of references that are the basis for its preparation should be given); b) an interview, referring to the recommended references, conducted at a set date; a list of required references and issues the student has to know should be given; c) group work (if provided for in the syllabus); d) final control work (during group activities or during consultations – a deadline should be given). For each form the verified learning outcomes results should be given. [↑](#footnote-ref-1)