



Signature

	<u> </u>				
		Warsaw,			
		varoa	••,	date	)
	and surname				
Index r	number				
Field of	f study				
	s cycle, year and form (full-time/extr				
		Vio			owska-dos Santos t Affairs WNE UW
	•	FOR SUPPLEMENTARY		_	
I hara	shy request to be allowed to	participate in the academic ye	ar		
	following courses that:	participate in the academic ye	aı	••••••	
	<del>-</del>	at included in my study plan			
	* * * * * * * * * * * * * * * * * * * *	ot included in my study plan			
_	I want to pass as a free-lis	tener			
No	COURSE	TYPE	HOURS	ECTS	SEMESTER
1		(lecture/lab./lacture+lab./seminar)			(winter/summer)
1.					
2.					
3.					
4.					
5.					
6.					
Due t	o the willingness to particip	ate in the above mentioned co	urses, I do	make my	y commitment to
		vare of the fact that free-lister		-	
		st and the fees for supplement	ary course	s are bei	ng charged when
one d	oes not get credit for such a	course.			
			S	student's	signature
Decis	ion:				
_					
Due p	payment:				