

Student's Surname:First Name
Date of birth:Year of studies:.....
address:
e-mail address:.....phone: (mobile).....

APPLICATION

for Individual Study Plan

reason:

I had a surgery in the summer and now I have to come home every 2 weeks to my home town to see the physician (please find attached confirmation). Therefore I'm asking for individual study plan for academic year 2015/2016. I would like to fulfill part of my subjects now and the rest next year.

In this academic (2014/2015) year I would like to fulfill:

- Hematology and Oncology***
- General Pharmacology***
- Imaging Methods***
- Internal Propedeutics***
- Propedeutics in Surgery***

.....
Date

.....
Student's Signature

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Opinion of relevant head of department:

Decision of Dean (Vice-Dean) of the Faculty :

Signature, Date: