

Lublin, ………………

…………………………………………

(first and last name )

…………………………………………

(album number)

…………………………………………

(discipline)

…………………………………………

( year of study)

**Prof. dr hab. …………………………………**

**Director of Doctoral School of ……..…………………**

I am kindly asking for your consent to the individual organization of classes in the winter / summer semester (delete as appropriate) of the academic year ………. / ……….  
 I justify the request .......................................................................................................................................................  
……………………………………………………………………………………………………………………………………   
……………………………………………………………………………………………………………………………………  
  
At the same time, I declare that I know the content of par. 9 of the Regulations of the Doctoral School of …………………. ……………………………. at UMCS in Lublin regarding the individual organization of classes, and the consent expressed by the teachers in the schedule is always associated with the determination of the dates and methods of passing a given subject.

……………………………………………………

(signature)