**Załącznik nr 1**

**APPLICATION: Individual organisation of studies (IOS)**

Lublin

Name: ………………………………………………

Student ID number: ………………………………………………

Residence.: ………………………………………………

Contact (e-mail, phone no.): ………………………………………………

Programme: ………………………………………………

Year: ………………………………………………

Studies: BA/MA\* full-time/part-time\*

**Dean of the Faculty of ………………………..**

I kindly ask to be granted **individual organisation of studies** (IOS) during winter/summer semester\* of …..……. academic year. My motion is motivated by (*underline the cause*):

* Taking a part of studies outside of the University, in …………………………………….

…………………………………………………………………………………………………..,

* Disability or chronic desease,
* Raising my child,
* Studying at least 2 programmes simultaneously,
* Sick leave,
* Participation in academic activities,
* Other important personal reasons:

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

I especially request for: ………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………………………………………………………………………………

Sincerely

……………………………………

*(signature)*

**ATTENTION!** Signed and filled form is to be submitted to the Dean’s office before 31 October (for winter semester or the whole year) or during the first month of summer semester.

Załącznik nr 2

|  |  |
| --- | --- |
| Student’s name: |   |
| **Semestral schedule of individual organisation of studies** |
| **Winter/summer semester of ………………………… academic year** |
| **Columns 5-8 is to be filled in by the lecturer** |
| **Lp.** | **Subject** | **Lecturer’s name** | **Form of classes (WY, ĆW, KW, LB)** | **# of hrs** | **Means of verification of studying effects[[1]](#footnote-1)** | **Working schedule (tasks and deadlines)** | **Date of exam (if occurs before exam session)**  | **OTHER** | **Lecturer’s signature** |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |

Dean’s acceptance and signature:

1. According to the syllabus, verification of studying effects may take form of: **1.** Essays, submitted in set deadlines; **2.** Conversations regarding chosen literature, set in forementioned deadlines; **3.** Group activities (if mentioned in the syllabus); **4.** Tests (during classes of office hours – deadline to be set). [↑](#footnote-ref-1)