Appx 2

**Student Card applying for an Individual Plan of Study**

**Student: Tutor:**

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Field of study/ Specialty:

Full-time studies/Part-time studies/ I-st cycle studies/II-nd cycle studies

Academic Year…………………., year of study……………………., semester……………….

**Courses to pass in extramural mode/Individual Plan of Study, accepted by the Council of Management and Social Communication Department UJ**

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| **Course** | **Course Instructor** | **Number of ECTS points** |
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Annotation:

Student’s signature

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Tutor’s signature Deputy Director of the Institute signature/ Director of the Department

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