PD\_154

Deadline for submitting an application:

16.10.2017

ISP 2017Z

Faculty of Electrical Engineering
WARSAW UNIVERSITY OF TECHNOLOGY

Name				Annotation from the Dean's office					
Surn	ame			Subm					
				Recipi	ent of	docum	ents:		
stud	ent's ID number	semeste	r type of study <sup>1</sup>	<u> </u>					
tel.				Vice De	an fo	r Stu	dy		
		<u>EA</u>		of the F	acult	y of	Electr	ical Engineeri	ng
IVIOG	e of study <sup>2</sup>	field of study	/						
		Арр	lication for Indiv	idual Study Pr	ogra	mme			
acco	I kindly ask ording to the follow		f Individual Study Progr ie.	amme in the winter	semes	ster of	the aca	demic year 2017/2	018
The	number of ECTS	credits for my	semester: nominal:	declared					
						Number of			
No.	Course code		Course name		ECTS	Lc	ours E/Lb/P	Comment <sup>3</sup>	
1						LC	L/LU/I		-
2									-
									-
3									
4									
5									
6									
7									-
8									-
									-
9									_
I her	eby undertake to	collect the Dea	an's decision within one	week from the day o	of subm	itting th	nis appli	cation.	
				place, date				dent's signature	
	•								$\overline{}$
	ervisor:	of the Applica	nt and give positive opin	ion for Individual St	udy Dro	aramn	o for th	e mentioned semes	tor
ιαμμ	nove to take care	or the Applica	Tit and give positive opin	ion for individual St	uuy Fic	yranni	ie ioi iii	e mendoned semes	lei
			Wars	aw,, data				ervisor's signature	
	n's decision	ion for Individu	al Study Programme for	the mentioned sem	nester				
. 444	310 alo applicat	III III III III III III III III I	a. Staay i Togrammo Tor	o mondonou den	.55.61.				
			Wars	aw,, date				n's stamp and signati	
Anno	otation from the D	ean's office						, s 1.g.	
Date of entering the data into the iSOD				Person entering the o	data				

please choose: BSc for the first - level studies; MSc for the second - level studies

please choose: **Z** for the part-time study, **D** for the full-time study

e.g.: please write the name of the faculty if it is not the Faculty of Electrical Engineering