|  |  |  |  |
| --- | --- | --- | --- |
| …………………………………………………………… | | | Wrocław, date ……………... |
| *First name and Family Name* | | |  |
| *Register No.:* ………………… | *Faculty*: ……………………………... | |  |
| *Study level:* …………… | *Study year:* ………………………… | |  |
| *Mode (full-/part-time.):* …………… | *Major:* ……………………………. | |  |
| *Study group:* ………………... | *Specialisation:* …………………………. | |  |
| *E-mail.: ………………………………………....* | | |  |
|  | | *Dr Aleksandra Szpulak*  *Deputy Dean for Student Affairs of International Studies* | |

***Agreement on subject exchange***

|  |  |  |  |
| --- | --- | --- | --- |
| 🞎 | ORIGINAL SUBMISSION | 🞎 | UPDATE |

*In connection with participation in an Erasmus (or equivalent) student exchange programme in* …… *semester of the* …… *study year in the academic year of* …………/………… *at Partner university* ……………………………………………………………………………………………………………… *I kindly request the acceptance of the following study programme:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The course at Wrocław UEB | ECTS | oblig. | The course at the Partner university | ECTS | type\* |
|  |  |  |  |  |  |
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*Foreign languages to be studied during the exchange programme:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
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|  |  |  |  |  |  |

*I undertake to complete the following courses at the Wrocław UEB:*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | academic year …………/………… sem. …… |
|  |  |  | academic year …………/………… sem. …… |
|  |  |  | academic year …………/………… sem. …… |
|  |  |  | academic year …………/………… sem. …… |

|  |  |
| --- | --- |
| **Remarks of the ECTS Coordinator:** | |
| *ECTS Coordinator* | *Student* |
|  |  |
| *signature* | *signature* |
| *By signing this document, you acknowledge that you have read and understood the Regulations on Student Mobility* | |

|  |  |  |
| --- | --- | --- |
| **The decision of the Deputy Dean for Student Affairs:** | | |
|  | *Date: ..............................* | *Signature: ..........................................................................................* |