Opole, *(fill in!)……………….*

|  |  |
| --- | --- |
| Forename and surname: | *(fill in!)* |
| Student registration number: | *(fill in!)* |
| Year and field of study: | *(fill in!)* |
| Telephone number: | *(fill in!)* |
| E-mail address: | *(fill in!)* |

dr hab. Adam Drosik, professor of the University of Opole

Dean of the Faculty

of Political Science and Social Communication

**Application for permission**

**to follow an individual programme of study**

Pursuant to § 39 of the University of Opole Study Regulations of 29 April 2021, I hereby request permission to follow an individual programme of study during the period:

*(fill in!)……………………………………………………………………………………………………...*

Justification for the application:………………………………………………………………..

*(fill in!)*

Respectfully yours

*(fill in!)………………………………………*

Faculty Dean’s decision:

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