Krakow, …......................................

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

Name and surname

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

Student’s ID number   year of studies

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

programme

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

address

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

Phone number, email address

**Dear**

**Dr.Hab. Marcin Grabowski**

**Director of the Centre for International Studies and Development**

**Request**

**for acceptance of course from other programme**

I'm asking for permission ………………………………………………………………………………………………………………………………………………………..…… .

Justification………………………………………………………………………………………………………………………………………….. .

....................................................

(Student’s signature)

Director’s decision ……………………………………………………………………………..……………………………….………

....................................................

(date and signature)