**REQUEST FOR THE RECOGNITION OF A COURSE COMPLETED IN ANOTHER PROGRAM OR AT ANOTHER UNIVERSITY**

Wrocław, on

Student's name and surname:

Student’s identification number:

Place of residence:

Contact (e-mail address, phone number):

Field of study:

Year of study:

Studies: first-cycle/second-cycle full-time/part-time

**Mr/Ms**

**vice-dean of the Faculty of Social Communication and Media of the University of Wrocław**

I am requesting the recognition of the following course:

|  |  |
| --- | --- |
| Course name |  |
| Course name in English: |  |
| Form of classes: |  |
| University: |  |
| Field of study |  |
| Number of hours: |  |
| Grade |  |
| The course should be recognized as: | mandatory / optional / additional |
| Name of the course being replaced: |  |

I present the original document certifying the completion of the above-mentioned course..

Yours sincerely,

(handwritten signature)

Opinion and signature of the vice-head of the institute for teaching:

 Decyzja i podpis prodziekana: