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imię i nazwisko studenta

numer albumu ..............................................................................

 rok studiów, grupa

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nr telefonu/ adres e-mailowy

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adres do korespondencji

 ***Sz. Pani***

 ***Prof.*** ***dr hab. Anna Mania***

 ***Koordynator Wydziałowy Programu Erasmus +***

 ***Uniwersytetu Medycznego im. K. Marcinkowskiego***

 ***w Poznaniu***

**Podanie studenta o:**

- Indywidualna organizacja zajęć w roku akademickim 2016/2017

 **-** Zaliczenie przedmiotów/egzaminów na podstawie transkryptu

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| **Lp.** | **Przedmiot** | **Rok studiów** | **Zaliczenie** | **Egzamin - ocena** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
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| **9.** |  |  |  |  |
| **10.** |  |  |  |  |

- Zmianę harmonogramu zajęć w roku akademickim 2016/2017

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| **Lp.** | **Przedmiot** | **Rok studiów** | **Grupa** | **Możliwość dopisania do grupy** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
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**Zobowiązuję się zrealizować zaakceptowany harmonogram.**

**Ewentualne zmiany wymagają akceptacji i zgody Pani Dziekan.**

 **- inne:** ....................................................................................................................................................................................................................................................................................................

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 data i czytelny podpis studenta

**Decyzja Koordynatora Wydziałowego**

**Programu Erasmus+**

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**Koordynator Wydziałowy**

 **Programu Erasmus+**

 ***Dr hab. Anna Mania***