Jan Kochanowski University of Kielce
Faculty of Medicine

Kielce …… 20……

……..……...……
(first name and surname)

……...……
(year, field of study),

full-time studies, long-cycle Master's degree programme)

……..……
(Student ID number)

……..……
(contact info: telephone no., email)

THE DEAN OF THE FACULTY OF MEDICINE

……...

(firdt name and surname)

APPLICATION FORM

for the consent to an individual timetable

I kindly request your consent to an individual timetable:

- during the …..... semester of the 20……./20……. academic year*
- during the 20…..…/20…….. academic year *.

I motivate my request by the following:.....
.....
.....
.....
.....
.....
.....
.....

Yours sincerely,

.....
(student's signature)

* delete as appropriate