Warsaw, day/month/year

Student’s name and surname:…………………………………………………………………..

Home Faculty at WUT:………………………………………………………………………………..

Student ID number at WUT:……………………………………………………………………...

APPLICATION FOR REGISTRATION FOR A COURSE

AT THE FACULTY OF …………………………………………………………………………………………………………………………….

in the academic year …………/……..

The name of the course:

1 ………………………………………………………………………………………………………………………………………….….

2 ……………………………………………………………………………………………………………………………………………..

………..……………………………………

Student’s signature

Approved by:

……………………………………………………………………..

Person responsible at the home Faculty at WUT

Approved by:

……………………………………………………………………..

Person responsible at the different Faculty at WUT