Poznań, dnia ........................................

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Student ID No

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Name and surname

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Semester, Year

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Field and level of study

**Vice Dean for education of**

**FACULTY OF COMPUTING AND TELECOMMUNICATIONS**

**APPLICATION FOR RECOGNIZE CREDITS**

Based on the§ 30 item 7 Study Regulations of full-time and part-time first and second cycle and long-cycle studies passed by the Academic Senate of Poznan University of Technology in Resolution No. 55/2024-2028 of 30 april, 2025, **I would like to kindly request permission for me** **to the following course credits to be recognized:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Lp. | Course name | Forms of classes | | | |  | Grade obtained | Academic  Year,  in which the grade was received | Notes |
| Lecture  (number of hours) | Laboratory classes  (number of hours) | Classes  (number of hours) | Project  (number of hours) | Assess-ment type  (Credit O, Exam E) |
|  |
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signature of the student

Instruction:

Your application must be submitted within the first two weeks of classes in a given semester.