……………………………

 *Place, date*

…………………………………

*name and surname*

…………………………..……………

*scientific discipline*

…………………………..……………

*doctoral student ID No.*

……………………………………….

*year and semester of education at the Doctoral School*

**Director of Doctoral School
Poznan University of Technology**

**Application**

**for recognition of the completion of part of the individual**

**training program outside PUT Doctoral School**

I apply for recognition of the completion of the subject ……………………………. (number of hours …., ECTS points …..) outside the offer of the Doctoral School, as part of the individual training program in the semester …... Subject taught by … (title / degree, name and surname of the lecturer) … will be completed during the semester … in … (location where subject was completed, name of the university / institution)…

**Justification:**

………………………………………………………………………………………………………………………..

 ………………………………………

 *signature of PhD student*

I support/ I do not support\* the completion of the above mentioned subject.

…………………………………………… ………………………………………………

 *date, signature of supervisor (1) date, signature of supervisor (2)*

**Decision of the Director of the Doctoral School:**

Pursuant to § 3 sec. 5-6 Regulations of the Doctoral School **I recognize / I do not recognize\*** completion of part of the individual training program outside PUT Doctoral School.

………………………………………

 *signature of the Director*

**Attachments:**

1. Document confirming completion of the subject
2. ECTS card (syllabus),
3. Achieved learning outcomes (selected from the Curriculum § 2 sec. 3),
4. Certificate from the host institution\*.

*\* delete as appropriate*