……………………………

 *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 in the form of lectures\*, seminars\*, classes\*, workshops\*, courses\*, training\*, summer schools\*, winter schools\* entitled……………………………. (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) … was 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 as the subject ……………………….. ………………………………………………………………………………………………………………………… (number of hours ……..., ECTS points ……...).

………………………………………

 *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*