(Student's Name and Surname)	Poznań, date:
(Statent's Name and Surname)	
(Field of Study, Specialisation)	Head of Institute
(Year of Study, Cycle, Student Number)	
(E-mail Address)	(Name of Institute)
(Phone Number)	
	(Head's Academic Title, Name and Surname)
AD	DUICATION FOR
	PLICATION FOR
INDIVIDUA	L STUDY ARRANGMENT
Duranant to Continu 12 Days 1 4 of the Chindre Document	
	ations at the I.J. Paderewski Academy of Music in Poznań I hereby nt ("ISA") in semester/academic year
apply to be granted the mulvidual study Arrangemen	THE (15A) III Seriester
	Grounds
I hereby represent that I satisfy the conditions stipu	lated in Section 12 as follows:
Please find enclosed:	(Student's Legible Signature)
a. documents to confirm grounds for ISA: 1	
,	
3,	
,	
b. A list of proposed courses included in ISA (Tabl	e in Appendix 1).
Consent of the Major Instructor	"I hereby give my consent to ISA"
(Instructor's Academic Title, Name and Surname)	(Date and Instructor's Signature)
<u></u>	
(Dat	te and Head's Signature)

^{*} The application with appendices shall be submitted to the Head of the relevant Institute no later than two weeks after the start of the semester. If the circumstances justifying the application for ISA arise during the semester, the application shall be submitted within two weeks of their occurrence. When granting ISA, the Head of the relevant Institute, in consultation with the Student, shall specify the period for which ISA is granted and its conditions.

ISA A	nner	dix	1
$\mathbf{D} \mathbf{D} \mathbf{D} \mathbf{D}$	LPPCI.	IUIA	J

		 																	•																		
				(S	t	u	d	e	ı	1	ť,	S	N	J	a	r	n	16	•	ć	1	n	C	l	5	δı	1	rı	n	a	n	n	e)		

Confirmation of Instructors' Consent

No.	Subject	Instructor	Instructor's Remarks	Signature

 •		
(Date and Stude	nt's Signature)	