Poznan, date .............................................

First name: ..........................................................................................................................................

Name: ..............................................................................................................................

Year of study: ............................................

Discipline: ..................................................................................................................

Type of studies: Doctoral School

Form of study: full-time

e-mail: ........................................................................................................................................

Director of the Doctoral School

 ...............................................................................

 ...............................................................................

 /title, degree, name and surname/

APPLICATION FOR PERMISSION TO TRAVEL TO THE HOST UNIVERSITY

I request permission to go to ....................................................................................

.....................................................................................................................................................

/full name of university/

under the ........................................................................ programme for a semester .......................

in order to conduct a part of studies at other domestic or foreign university\*.

Date of departure: from .......................................... to ................................................

I declare that I have passed the semester preceding the semester in which the departure is to take place: YES / NO\*.

Language of instruction: ..................................................................

 ........................................................

 /PhD student's signature

\* - delete as appropriate

Attachments justifying the reasons:

1. Learning Agreement (LA) (if applicable)

2. Declaration of a completion of obligatory courses

3. Opinion of PhD supervisor(s)

4. ......................................................

Decision of the Director of the Doctoral School:

I approve the LA/ I do not approve the LA\*

I agree/ don't agree\*

..........................................................................................................................................................................................................................................................................................................

................................................ ............................................

 /date/ /signature/

\* delete as appropriate