**INDIVIDUAL ORGANISATION of studies**

Warsaw, date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Index No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sir/Madam\* (the Dean for Students’ Affairs)

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Dear Sir/Dear Madam**\***

I kindly request to take into consideration the problems resulting from my health situation and provide me the individual organisation of studies.

In particular, I aplly for the following modifications:

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Student’s signature

**\*** Please underline which suits best