**ANKIETA WYMAGAŃ PROGRAMOWYCH**

**Imię i nazwisko: …………………………………………………………………………………………………….**

**Adres zamieszkania: ………………………………………………………………………………………………**

**Data urodzenia: …………………………………………………………………………………………………….**

**Nazwa nostryfikowanego dyplomu/określenie uzyskanego wykształcenia (tytuł zawodowy):………**

**………………………………………………………………………………………………………………………….**

**Nazwa uczelni: ……………………………………………………………………………………………………...**

**Adres uczelni: ………………………………………………………………………………………………………**

**Czas trwania nauki: ………………………………………………………………………………………………..**

**Data rozpoczęcia studiów: ……………………………………………………………………………………….**

**Data zakończenia studiów: ……………………………………………………………………………………….**

**Forma nauczania: ………………………………………………………………………………………………….**

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| **Przedmiot nauczania** | **Liczba godzin** | | | | |
| **Łącznie** | **Wykłady** | **Zajęcia praktyczne** | **Seminarium** | **Praca własna** |
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**Egzaminy Państwowe**

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| **Nazwa egzaminu** | **Ocena** |
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