**Doctoral School of the University of Wrocław**

**Dctoral College …………………………………..**

**Scientific discipline ……………………………………**

**Faculty ……………………………………………………..**

……………………………………………………………………………………

*PhD student’s name and surname*

………………………………………………………………………..…………

 *album number*

……………………………………………………………………………………

 *year of education*

……………………………………………………………………………………

 *academic year*

|  |
| --- |
| **Record of academic visits\*** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Country** | **Name of the host institution** | **Nature and purpose of the trip** | **Period\*\*** | **Dean’s Office employee’s signature** |
|  |  |  |  |  |  |

\* applies to travels lasting for over a month

\*\* specify exactly from ……………………..……. until ……………………….… .

Wrocław, ………….……………….……….. ………...……………………………………..……………….

  *date* *college head’s signature*