Gdańsk, ..................................

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

*(name)*

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

*(student ID number)*

**Director of the Doctoral School**

**of Quantum Information Theory of UG**

**Information regarding an optional subject**

I wish to inform you that I plan to participate in the following subject .......................................................................................................................... as part of the optional module in the doctoral school’s education programme. The course is conducted by .......................................................................................................................... in the following number of hours .................... in the field of ................................................................... at the ................................................................... level of studies at the Faculty ................................................................... University of Gdańsk.

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

*Doctoral student’s signature*

Accepted for inclusion

in the study course:

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

*signature of Doctoral Schools*

*Administration Officer*