**Individual Organisation of Studies**

**Name:** …………………………………………….

List of courses which the Student is unable to attend on a regular basis

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course title** | **Lecturer’s name** | **Mode of assessment (form, frequency, etc.)** | **Date** | **Lecturer’s signature** |
|  |  |  |  |  |

**Approved by**