Imię i nazwisko pracownika: ………………..……………....

Katedra: ……………………………..………….…………..

**Harmonogram odrabiania zajęć dydaktycznych**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Lp.** | **Przedmiot** | **Rok/kierunek studiów** | **Forma zajęć** | **Termin pierwotny** | | | | **Termin odrobienia zajęć** | | |
| **Data** | **Godzina** | **Sala** | **Data** | | **Godzina** | **Sala\*** |
| 1 |  |  |  |  |  |  |  | |  |  |
| 2 |  |  |  |  |  |  |  | |  |  |
| 3 |  |  |  |  |  |  |  | |  |  |
| 4 |  |  |  |  |  |  |  | |  |  |
| 5 |  |  |  |  |  |  |  | |  |  |
| 6 |  |  |  |  |  |  |  | |  |  |
| 7 |  |  |  |  |  |  |  | |  |  |
| 8 |  |  |  |  |  |  |  | |  |  |
| 9 |  |  |  |  |  |  |  | |  |  |
| 10 |  |  |  |  |  |  |  | |  |  |

\*zarezerwowana i zaakceptowana w systemie SRS

……………………………………………… ……………………………………………………………

data złożenia podpis pracownika