|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Jednostka WE\*: | KAOP |  | KEM |  | KEO |  | ZTK |  |
|  | KE |  | KOE |  |  | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Jednostka WI\*: | ZSA |  | ZISiSI |  | ZPI |  | ZIS |  |

Gdynia, dnia ………….………

# **Karta pracy dyplomowej inżynierskiej**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Imię (imiona) i nazwisko studenta | | | | | | | | | | | | | | | | |
| Numer telefonu |  |  |  |  |  |  |  |  |  | Numer  albumu |  |  |  |  |  |  |
| Adres e-mail |  | | | | | | | | | | | | | | | |
| Tryb studiów\* | Stacjonarne | | | | | | | |  | Niestacjonarne | | | | | |  |
| Kierunek/ Specjalność |  | | | | | | | | |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Imię (imiona) i nazwisko studenta | | | | | | | | | | | | | | | | |
| Numer telefonu |  |  |  |  |  |  |  |  |  | Numer  albumu |  |  |  |  |  |  |
| Adres  e-mail |  | | | | | | | | | | | | | | | |
| Tryb studiów\* | Stacjonarne | | | | | | | |  | Niestacjonarne | | | | | |  |
| Kierunek/ Specjalność |  | | | | | | | | |  | | | | | | |

Temat pracy dyplomowej: ...…………………………………………………………………

Temat pracy w j. ang.: ……….……………………………………………………………….

Promotor: ………….……………………………… Konsultant: ……………………………

Rodzaj pracy\*:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Teoretyczny |  |  | |  | |  | |  | |
| Konstrukcyjny |  |  | |  | |  | |  | |
| Eksperymentalny |  | pomiar |  | symulacje |  | programowanie |  | test |  |

Zakres pracy:

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

Promotor Student

data i podpis data i podpis

Zatwierdzam ...........................................................................................................

data i podpis Dziekana lub Kierownika Katedry/ Kierownika Zakładu