Lodz, …………….

**First name and surname:** *……………………………………………………………*

**University:**

**Faculty:**

**Programme:**

**Specialisation:**

**Full-time studies/part-time studies\*, first cycle degree/second cycle degree\***

*year of studies*

|  |  |
| --- | --- |
| *correspondence address, telephone* | **Vice-Dean of the Faculty of Philology of the University of Lodz** |

**RE: TRANSFER FROM OTHER UNIVERSITY/FACULTY OF THE UNIVERSITY OF LODZ**

I would like to ask you for a transfer from the Faculty to the Faculty of Philology of the University of Lodz to full-time studies/part-time studies\*, first cycle degree/second cycle degree to programme specialisation in the academic year 20………/20………….

Justification:…………………………………………………………………………………………………………..

I hereby undertake to pass any curriculum differences within a set period of time.

I hereby ask for a positive consideration of my request.

*student’s signature*

**Filled in and confirmed by the Dean’s Office of the home university:**

At the aforementioned university the student completed semesters of studies and received a grade point average

*date and signature of the Dean’s Office’s employee*

**Decision of the Dean of the Home University:**

I agree / I do not agree\*.

*date and signature of the Dean*

**Decision of the Vice-Dean of the Faculty of Philology of the University of Lodz:**

I agree / I do not agree\*.

Lodz,

*signature of the Vice-Dean*

The decision was announced to the student on

*student’s signature*

\* delete as appropriate