

Łódź,

.....
First name and Family name

Faculty of Management, UL

Study Programme:

Specialisation:

Full-time studies /part-time studies*; 2nd-cycle studies / 1st-cycle studies*

.....
.....
year of studies student's album number

.....
address for correspondence, phone number

**Vice-Dean for Student Affairs
Faculty of Management, UL**

CONCERNS THE CHANGE OF THE MODE OF STUDIES AT THE FACULTY OF MANAGEMENT, UL

I am asking a transfer from full-time / part-time studies* to full-time / part-time* studies as of the semester of the 20..... / 20..... academic year.

The justification:
.....
.....

I oblige myself to cover any possible programme differences within the set deadline.

I am kindly asking that my request be considered positively.

.....
the student's signature

To be filled by the Dean's Office (only in the case of the transfer being made from part-time studies to full-time studies):

The student has passed semesters of studies and obtained the average of

The credits obtained during the recruitment process (in the year when the student began the part-time studies):

.....
date and signature of the Dean's Office
employee

Decision of the Vice-Dean for Student Affairs of the Faculty of Management, UL:

I do agree. / I do not agree.*

Łódź,

.....
the Vice-Dean's signature

The decision was announced to the student on

.....
the student's signature

* cross out one of the options