....

First name and Family name

....

birthdate and birthplace

University: ....

Faculty: ....

Study Programme: ....

Specialisation: ....

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

....

year of studies

....

address for correspondence, phone number

Łódź, ...

Vice-Dean for Student Affairs
Faculty of Management, UL

CONCERNS A TRANSFER FROM ANOTHER UNIVERSITY / FACULTY OF UL

      I am asking to be allowed to make a transfer from ……………………………………………………………… **to the Faculty of Management, University of Lodz**, for full-time / part-time* 1st-cycle / 2nd-cycle* studies for the **Study Programme …………………………………………….……, specialisation ....** as of the 20……. / 20........ academic year.

The justification: ....

....

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

I am kindly asking that my request be considered positively.

....
student's signature

To be filled out by the Dean's Office of the home university:

At the home university, the student passed .... semesters and obtained the average of …………….. .

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

Decision of the Dean of the home university:

I do agree. / I do not agree.*

....
date and the Dean's signature

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

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