Date:………………………………….

…………………………………………………………..

(Full name)

……………………………………………………………

(Current field of study, university)

…………………………………………………………..

(phone number)

…………………………………………………………..

(e-mail address)

prof. dr hab. Dagmara Jakimowicz
Vice-Dean for Teaching

Faculty of Biotechnology, University of Wrocław

I am requesting the transfer to the ………………... year of ………………………………………………………………. programme at the University of Wrocław in 202…/2… academic year.

So far I have studied .......................................................................at ……………….……………………………………………

I declare that I have completed ………………… semesters of studies.

Explanation/motivation for the transfer: ……………….……………………………………………………………………..………………

…………………………………………………………………………………………………………………………………………………………………………..…………

…………………………………………………………………………………………………………………………………………………………………………..…………

………………………………………….
(Student’s signature)

Consent of the Dean (or other person in charge) of the home department/faculty/university for the transfer (signature and stamp are required):

…………………………………………………………………………………………………………………………………………………………………………..…………

Attachments:

1) Legalized or apostilled high school diploma/certificate (or other document entitling to undertake undergraduate studies)

2) Confirmed transcript of university records

3) Course content descriptions/syllabi

4) Certificate confirming  English language knowledge on B2 level