

Wroclaw, Date

.....
Name and surname
(Imię i nazwisko)

.....
Field of study, Year of study
(Kierunek studiów, rok studiów)

.....
Student identification no.
(Numer albumu)

.....
Mobile phone, e-mail
(Telefon kontaktowy, adres e-mail)

prof. dr hab. Dagmara Jakimowicz
Vice-Dean for Teaching
Faculty of Biotechnology, UWr

I kindly request to transfer the following courses from the semester of the academic year to the next
..... semester of the academic year

The reasons for my request include

Yours sincerely