Opole, *(fill in!)…………..*

|  |  |
| --- | --- |
| Forename and surname: | *(fill in!)* |
| Student registration number: | *(fill in!)* |
| Year and field of study: | *(fill in!)* |
| Telephone number: | *(fill in!)* |
| E-mail address: | *(fill in!)* |

dr hab. Adam Drosik, professor of the University of Opole

Dean of the Faculty

of Political Science and Social Communication

**Application for permission**

**to study in another programme**

 Pursuant to § 31 of the University of Opole Study Regulations of 29 April 2021, I hereby request permission to study in another programme:

Name of field of study: *(fill in!)………………………………………………………………*

University of Opole organizational unit: *(fill in!)…………………………………………..*

Justification for the application:……………………………………………………………….

*(fill in!)*

 Respectfully yours

 *(fill in!)……………………………….*

*……………………………………..* …………………………………………..

 Faculty Coordinator Field of Study Coordinator *(fill in!)*

………………………………… …………………………………………..

 Faculty Dean Dean *(fill in!)*