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 TRANSFER TO ANOTHER UNIVERSITY**

 I hereby request permission to transfer from the Faculty of Political Science and Social Communication at the University of Opole to

…………………………………………………………………………………………………

(name of university and faculty)

field of study: ........................................................................., starting from the winter/summer semester\* in the academic year 20....../20......

...............................................

 (student's legible signature)

**DECISION OF THE DEAN OF THE FACULTY OF POLITICAL SCIENCE AND SOCIAL COMMUNICATION OF THE UNIVERSITY OF OPOLE**

Opinion of the dean of the university the student is leaving on the student's fulfilment of their obligations under the applicable regulations.

.....................................................................................................................................................................................................................................................................................................................................................................................................................................................................

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

 (place, date) (Dean's stamp and signature)

\* circle as appropriate

**DECISION OF THE DEAN OF THE RECEIVING UNIVERSITY**

I give my consent to the enrolment of the student as of the winter/summer semester\*, in the academic year 20......../20........, in the field of study: ...................................................................., full-time/part-time programme, level: I/II\*, year ......................, semester.....................................

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

 (place, date) (University's header stamp) (Dean's stamp and signature)

\* circle as appropriate