Opole, *(fill in!)*

|  |  |
| --- | --- |
| Forename and surname: | *(fill in!)* |
| Student registration number: | *(fill in!)* |
| Year, field of study, university | *(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 transfer to study at the University**

 Pursuant to § 35 of the University of Opole Study Regulations of 29 April 2021, I hereby request permission to transfer to study at the University of Opole:

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

Justification for the application:

*(fill in!)*

Respectfully yours

*(signature, fill in!)*

|  |
| --- |
| *Decision:* |
| Field of Study Coordinator: |
| Faculty Dean: |