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 transfer to a related field of study within the University**

 Pursuant to § 31 of the University of Opole Study Regulations of 29 April 2021, I hereby request permission to transfer to a related field of study within the University:

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!)* |