Opole, ………………………..

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| --- | --- |
| Forename and surname: |  |
| Student registration number: |  |
| Year, field of study, university |  |
| Telephone number: |  |
| E-mail address: |  |
| Address for correspondence: |  |

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 (Appendix to uniform text: Resolution No. 167/2020-2024 of the Senate of the University of Opole of 11 April 2022), I hereby request permission to transfer to study at the University of Opole:

Name of field of study:…………………………………………………………………………..

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

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

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

Respectfully yours

……………………………………………

\***Please add the course of study card**

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