Opole, date……………………

|  |  |
| --- | --- |
| Forename and surname: |  |
| Student registration number: |  |
| Year and field of study: |  |
| 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 study in another programme**

 Pursuant to § 31 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 study in another programme:

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

University of Opole organizational unit:…………………………………………..

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

 Respectfully yours

 *……………………………….*

*……………………………………..* …………………………………………..

 Faculty Coordinator Field of Study Coordinator

………………………………… …………………………………………..

 Faculty Dean Dean