................................................................................................ Krakow, .........................................

(*Name and Surname*) (*Date*)

Candidate for transfer to Faculty:..................................

Contact telephone number:............................................

Correspondence address: ..............................................

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E-mail address: .............................................................

Field of Study: .........................................................................

Specialisation track: ................................................................

Year of study: ................. Semester: .......................................

Student identification number or code: ...................................

first-cycle/ second-cycle/ long-cycle master’s degree\*) studies

full-time/ part-time\*) studies

**Prof.** ……………………………………………..

**Dean of the Faculty of** ………………………….

**of Andrzej Frycz Modrzewski Krakow University**

I kindly ask for transfer on ………… year …………. semester of *(field of study)* ………………………………

………………………… (form of study: first-cycle/ second-cycle/ long-cycle master’s degree, full-time/ part-time ), which are provided at Andrzej Frycz Modrzewski University.

Information about the origin university (university name; form of studies; language of studies; current year and semester of studies): ………………….......................................................................................................................

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Justification of the application: ……………………………………………………….......………………………...

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(*candidate signature*)

Attachments to the application:

1. .......................................................
2. .......................................................

Student Service Office comments: ………………………………………………………………………………….

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Dean’s Comments:

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Krakow, (*date*) ......................... Dean’s signature and seal: ...................................................................