.................................................................................. Opole, (date) ................................... 20......

 (surname and first name)

..................................................................................

**Dean's Office Note:**

application submitted on: ..............................

Registry No.: ………….………………………….

…..……………………

(signature of the employee)

 (study programme and form - full-time/part-time)

..................................................................................

 (student no.)

..................................................................................

 (address)

..................................................................................

 (phone number, e-mail)

 **DEAN**

 **of the Faculty of …………………………**

 **of the UO**

**REQUEST FOR TRANSFER TO ANOTHER UNIVERSITY**

I kindly request permission to my transfer from the Faculty of …………………………………… at the University of Opole to

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

(name of the university and faculty)

to programme of ................................................ ......................... from the winter semester / year \* in the academic year 20....../20….

.....................................................................

 (student’s legible signature)

**DECISION OF THE DEAN OF THE FACULTY OF ………………………………………… OF THE UO**

An opinion from the dean of the institution which the student is leaving, on the student's fulfilment of the obligations arising from the regulations in force at the institution.

........................................................................................................................................................................................................................................................................................................................

......................................... .........................................

 (place, date) (stamp and signature of the Dean)

**DECISION OF THE RECEIVING UNIVERSITY’S DEAN**

I agree to admission as of winter/summer\* semester, in the academic year 20......../20........ to the study programme: ................................................................., part-time/ full-time studies, cycle: first/second cycle,\* year ......................, semester.....................................

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

 (place, date) (seal of the university) (stamp and signature of the Dean)

\* circle as appropriate