



 Place and date

 First name and Surname

 Student's number

 Field of Studies

 Level (1st or 2nd)

year semester.....

 Address for correspondence

 e-mail

 phone number

 Vice Dean of the Faculty of Economics

Change of form of studies

I kindly request that you transfer me within the field of study,
from *full-time/part-time* studies to *full-time/part-time* studies from the semester at the Faculty
of Economics at the Warsaw University of Life Sciences.

So far I have completed semesters and obtained an average grade of

 Student's signature

Opinion of the Vice Dean for current studies

.....
.....

 (date and signature of the Vice Dean)

NOTE:

in the case of applying for a change of the form of studies from part-time to full-time, a copy of the secondary school leaving certificate must be attached to the application

Decision of the Dean:

Acting under the Study Regulations at the Warsaw University of Life Sciences § 22 section 4, I consent/do not consent
to a change in the form of studies from the semester of academic year/.....

 Date

 Signature