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 Place and date

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 First name and Surname

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 Student's number

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 Field of Studies

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 Level (1st or 2nd)

year ..... semester.....

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 Address for correspondence

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 e-mail

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 phone number

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 Vice Dean of the Faculty of Economics

### Transfer within SGGW

I kindly request a transfer from *full-time/part-time* studies in the field of .....  
 at the Faculty ..... at the Warsaw University of Life Sciences  
 (SGGW) to the Faculty of Economics in the field of ..... *full-time/part-time*  
 studies for the semester ..... in the academic year ...../.....

I have completed ..... semester(s) and have obtained an average grade of .....

I undertake to complete any program differences within the specified time.

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 Student's signature

#### Attachments:

1. Application with the consent of the dean of the current faculty.
2. Study record.
3. Current certificate confirming student status.
4. Secondary school leaving certificate

### Decision of the Vice Dean:

Acting under the Study Regulations of the Warsaw University of Life Sciences § 22, I consent to the transfer of the student to the Faculty of Economics of the Warsaw University of Life Sciences (SGGW) to the field of ..... *full-time/part-time* studies, the ..... degree from the ..... semester in the academic year ...../.....

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 Date

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 Signature