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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 from the Faculty of Economics

I kindly ask for your consent to transfer from *full-time / part-time* studies (*Bachelor / Master level*) in the field of study ..... at Faculty of Economics at the Warsaw University of Life Sciences (SGGW) to studies in ..... in the academic year ...../.....

**I declare that I fulfilled all obligations arising from the regulations in force at SGGW (e.g. payments).**

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 Student's signature

### Decision of the Vice Dean:

Acting under the Study Regulations of the Warsaw University of Life Sciences § 21, section 1, I consent to the transfer from the Faculty of Economics of the Warsaw University of Life Sciences.

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 Date

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 Signature