Opole, date………………………….

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| --- | --- |
| Forename and surname: |  |
| Student registration number: |  |
| Year and field of study: |  |
| Telephone number: |  |
| E-mail address: |  |
| Address for correspondence: |  |

dr hab. Adam Drosik, Professor of the University of Opole

Dean of the Faculty

of Political Science and Social Communication

**Application for permission**

**to transfer to a related field of study within the University**

 Pursuant to § 31 of the University of Opole Study Regulations (Appendix to uniform text: Resolution No. 167/2020-2024 of the Senate of the University of Opole of 11 April 2022), I hereby request permission to transfer to a related field of study within the University:

Name of field of study:*……………………………………………………………*

University of Opole organizational unit:*……………………………………….*

Justification for the application:…………………………………………………………………

Respectfully yours

 …………………………………

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| --- | --- |
|  Faculty Coordinator……………………………………. | Field of Study Coordinator …………………………………………… |
|  Faculty Dean |  Dean |