



Poznan, date

.....
surname and name

.....
correspondence address

.....
e-mail address, phone number

Vice-Rector for International Relations
Prof. Mariusz Głabowski, Ph.D., D.Sc.

TRANSFER APPLICATION

Current studies information:

university name:

field of studies:

form of studies: *full-time / part-time**

cycle of studies: *first / second**

academic year /

semester I was registered for:

I am applying for a transfer to:

field of studies:

form of studies: *full-time / part-time**

cycle of studies: *first / second**

academic year /

semester:

Rationale for the transfer application :

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student signature

**Delete as appropriate*