………………………………….. Wrocław, date………………..……….

 (Student’s name and surname)

 …………………………………..

 (Student’s number)

 …………………………………..

 (Year/ Studies degree)

 …………………………………..

 (Field/Specialization)

 **Dean of the Faculty of**

**Electronics, Photonics and Microsystems**

**Subject: Transfer to another faculty**

I am asking for consent to take up studies (in the mode of transfer) at the Faculty of Electronics, Photonics and Microsystems \*\*

from the winter/summer semester\* of the academic year 20….…/20….…

|  |  |
| --- | --- |
|  | …………………………………..(student's signature) |
| Opinion of the Dean of the home Faculty: |  |
|  |  |
|  |  |
|  | ………………………………….(signature and seal of the Dean) |