Lodz, …………………….

 *first name and surname*

**Faculty of Philology of the University of Lodz**

**Programme:**

**Specialisation:**

**Full-time studies/part-time studies\*, first cycle degree/second cycle degree\***

*year of studies register no.*

*correspondence address, telephone*

**Vice-Dean of the Faculty of Philology of the University of Lodz**

**RE: CHANGING THE PROGRAMME OF STUDIES WITHIN THE FACULTY OF PHILOLOGY**

I would like to ask you **for a transfer from the** **programme conducted** at

full-time studies/part-time studies\*, first cycle degree/second cycle degree\* to **programme** ,

**specialisation** as of the academic year 20 /20

Justification:

I hereby undertake to pass any curriculum differences within a set period of time.

I hereby ask for a positive consideration of my request.

*student’s signature*