Kraków, on …………………………. *(date)*

……………………………………………………………

Student’s name and surname

…………………

No. of Student album/register

…………………………………………………………………………………….………

Field of study/study major; form, mode, and semester of studies

…………………………………………………………………………………………….

Address for correspondence

**To the Director of Institute ………………………**

**…………………………………………… College**

**of the Krakow University of Economics**

Pursuant to Article 22 section 1 and 3 of the Study Regulations of the Krakow University of Economics, I kindly request permission for **a transfer to another study major** at the Krakow University of Economics starting from semester …………………….. in the academic year 20……../20……..

**from study major**: ………………………………………………………………………………………………….., full-time / part-time / first-cycle / second-cycle / uniform Master’s degree studies, conducted within the Institute of …………………………………………………….

**to study major:** ………………………………………………………………………………………….…….., full-time / part-time / first-cycle / second-cycle / uniform Master’s degree studies, conducted within the Institute of ……………………………………………………….

Please be informed that I currently have completed the ......... semester of studies, and I am presently enrolled in the …...... semester of studies. At the same time, I declare that I will complete any prerequisites (outstanding due to curricular differences), arising from the curriculum in the new field of study.

Motivation of my request is as follows: ………………………………….…………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Yours sincerely

……………………………………………………….

**Required appendices:**

1. The list of completed (passed) courses/subjects
2. Course syllabuses of the completed (passed) courses/subjects

**Transfer to another study major (within the KUE)**

Regarding the application by: …………………………………………….. (*Student’s name and surname*)

of: ………………………………….. (*date*)

**Information filled in by the staff at the Unit of Teaching Administration:**

APPLICANT MEETS QUALIFICATION CRITERIA YES / NO

……………………………………………………………………….

*(signature of staff member at the Unit of Teaching Administration, KUE)*

**Information filled in by the employee of the Office for (First-cycle/Second-cycle and Long-cycle) Programs:**

APPLICANT MEETS QUALIFICATION CRITERIA YES / NO

……………………………………………………………………….

*(signature of the employee of the Office for [First-cycle/Second-cycle and Long-cycle] Programs), KUE*

**Information filled in by the employee of the Office for (First-cycle/Second-cycle and Long-cycle) Programs:**

* **The Student has completed his/her first semester of studies YES / NO**
* Currently she/he is studying at the ………….. semester
* Other………………….…………………………………………………………………………………………………..……………

…………………………………… ………………………………………………………..

(*date*) (*signature and stamp*

 *of the employee of the Office for [First-cycle/Second-cycle and Long- cycle] Programs)*

**DECISION OF THE DIRECTOR OF INSTITUTE (for the study major from which the Student requests the transfer)**

According to Article 22 section 1 and 2 of the Study Regulations of the Krakow University of Economics

* **I GRANT MY APPROVAL** for transfer to another study major
* **I DO NOT GRANT MY APPROVAL** for transfer to another study major –subject to the followingjustification: ……………………………………………….................………………………………..………………

………………………………………………….. ……………………………………………..

*(date) (signature and stamp of the Director of Institute)*

**DECISION OF THE DIRECTOR OF INSTITUTE (for the study major to which the Student requests the transfer)**

According to Article 22 section 1 and 3 of the Study Regulations of the Krakow University of Economics

* **I GRANT MY APPROVAL** for transfer to another study major
* **I DO NOT GRANT MY APPROVAL** for transfer to another study major –subject to the followingjustification:
……………………………………………………………………………………………………………………………………..………………

………………………………………………………………………………………………………………………………………………………

**I hereby designate the following curricular differences:** ………………………………………......………………………

………………………………………………...................…………………………………………………………………………………………

**Conditions and deadline for completing the curricular differences):** ………..................................…………

………………………………………………...................…………………………………………………………………………………………

………………………………………………….. ……………………………………………..

*(date) (signature and stamp of the Director of Institute)*