

.....  
Filed on  
.....  
Applicant's full name  
.....  
Student ref.no.  
.....  
Year of the program , semester, field of study, level \* and mode of study \*\* ,  
.....  
Mailing address  
.....  
Tel no. and email address

**Dean of the Faculty of .....**  
**Wrocław Medical University**

**APPLICATION**  
**for a consent to transfer from another university to the studies conducted by the Wrocław**  
**Medical University**

I kindly request that the consent to the admission to the studies conducted by the Wrocław Medical University at the Faculty of....., course:....., year: [2] or [3], semester: [3] or [5] level\* ....., form of studies\*\* ..... be granted.

Currently I study .....

(enter: name of university, faculty, year, semester of studies, course, level and form of studies).

**Justification for the application:**

**The following documents shall be attached to the application:**

- a) A photocopy of the Student's grade book or transcript of an academic record,
- b) Confirmation of the grade point average obtained from completed years of the program,
- c) Academic progress report, including obtained grades and ECTS points,
- d) Decision issued by the Admissions Committee on the admission to the program offered by the Student's home institution,
- e) Photocopies of the Student's certificates of secondary education and of secondary education examination,
- f) Written declaration that the Student has a clean disciplinary record and no disciplinary proceedings have been instituted against him/her in his/her home institution,
- g) Curriculum including specified learning outcomes for specific subjects (modules).
- h) Other documents, not listed under a)-h):

At the same time, I request for the transfer of the achievements to date from the following subjects \*\*\*\*, obtained at the parent university indicated in the application:

1. ....
2. ....
3. ....

.....  
(dated and signed by the applicant)

**Response to the application (for drawing up an administrative decision to be issued by the Dean):**

.....  
.....  
(dated, stamped and signed by the Dean)

.....  
\* level: first cycle (undergraduate) program, second cycle (graduate) program, full cycle Master's degree program  
\*\* mode of study: fulltime, part time (extramural)  
\*\*\* cross out if not applicable  
\*\*\*\*fill in if a student requests also for the transfer of achievements to date