

Name and surname: ..... ..

address: ..... place and date

.....

.....

phone: .....

email: .....

**Rector of the University of Gdańsk  
Professor Piotr Stepnowski**

**Application  
for transfer from another University to the University of Gdańsk**

I kindly ask for the consent for transfer from the .....

(name of the University)

field of study:.....

to the Faculty of .....of the University of Gdansk

in the field:.....

in winter/summer semester of academic year 20.... / 20.....

Argumentation:

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Student's signature