

Poznań, date…….………………………………

*....................................................................*

*/first name and surname/*

*....................................................................*

*/programme, year of studies, language group,*

*level of language proficiency /*

*……………………………………………………………….*

*/full-time studies I°, II°, part-time studies/*

*....................................................................*

*/student number/e-mail/*

Anna Malinowska, MA

Head of Department of Foreign Languages

Poznań University of Economics and Business

**APPLICATION**

I hereby request to be transferred to:

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

Justification:

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

 Student’s signature

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

Teacher’s opinion:

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

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

date teacher’s signature

Decision of Head of Department of Foreign Languages

I approve / do not approve