



Received by the Admissions Office

on the day \_\_\_\_\_ Sign \_\_\_\_\_

**Admissions Department**

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Warsaw, date: \_\_\_\_\_

\_\_\_\_\_ application number

\_\_\_\_\_ first and last name

\_\_\_\_\_ correspondence address (street, house/apartment number)

\_\_\_\_\_ (postal code, town)

\_\_\_\_\_ telephone number

\_\_\_\_\_ e-mail address

**Learning Outcomes Verification Commission  
Lazarski University**

### APPLICATION

#### FOR RECOGNITION OF THE PROFESSIONAL EXPERIENCE

I would like to apply for admission into the \_\_\_\_\_  
program (full-time studies) at *bachelor's/master's\** level, for the 2024/2025 academic year (in the  
spring semester). Additionally, I request for recognition of the learning outcomes obtained during:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am attaching:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
legible signature (full name and surname)

*\* cross out what is unnecessary*

The administrator of your personal data is Lazarski University, and we process your data to consider your application.

More information about data processing can be found on the website. <https://www.lazarski.pl/pl/oferta/rekrutacja/studia-wyzsze/uznanie-i-przeniesienie>

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**Decision of Dean:**