

Received by the	Admissions Office
on the day	Sign

## **Admissions Department**

	Warsaw, date					
application number						
first and last name	•					
correspondence address (street, house/apartment number)						
(postal code, town)	•					
telephone number	•					
e-mail address			The Dean Faculty of E Lazarski Un		and Managen	nent
	ΔΡΡΙ	ICATION				
		RANSFER				
I kindly request to be admitte	ed to studio	es at the F	aculty of Eco	onomics ar	nd Manageme	nt, in
the form of full-time studies, for the	program _				, specializ	ation
	bachelor's	/master's*	degree, in t	he academ	nic year 2024/	2025.
At the same time, I request the recog	nition of tl	ne results o	of subjects t	hat I am cı	urrently comp	leting
in/at			at	the	Faculty	of
			ich fit with	in the curi	riculum of La	
University.						
I am attaching:						
			19-1	(6.1		-\
			iegibi	e signature (tui	l name and surnam	ie)
* cross out what is unnecessary The administrator of your personal data is Lazarski University, and we More information about data processing can be found on the website				uznanie-i-przeniesie	<u>enie</u>	
Dean's Decision and Remarks:						
I propose enrollment for the semester		_				
Recognized ECTS						
Remarks from the Admissions Office:						