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| **Application to change the language group** |

Dąbrowa Górnicza, …………………..

Name and surname: ……………………………..

Field of study: …………………………….

Program: First-cycle/ Second-cycle

Mode of study: full-time/part-time

Current semester:………………………

Register number: …………………………….

Phone number:……………………………..

e-mail:…………………………………..

**The Dean**

**of the Faculty of Applied Sciences**

**the WSB University**

I kindly request your approval of the change in the language group from………………...to ………….. in the academic year 20….../……., in the winter/summer semester\*.

Justification:

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

……………………………………………………………………………………………………………

Yours sincerely,

\* delete as applicable

Enclosures:

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| **Dean’s Office** |

I acknowledge receipt of the application:

………………….. ………………

date Stamp and signature

Notes:….……………………………………………………………………………………....................

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| **Dean** |

Dean’s decision:

Pursuant to § 9 par. 9 item 2 of the Study Regulations of the WSB University, I agree / do not agree \* to the change in the language group from ........................... to .................................

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

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

……………… ………………………. …………………………

date Dean’s stamp and signature I accept – Student’s signature

\* delete as applicable