****

**BRANCH CAMPUS (CITY):** **…………………..**

**DATE: …………………..**

Name and surname:

ID number:

Field of study:

Current semester:

Program: First-cycle/ Second-cycle

Mode of study: full-time/part-time

Foreign language group:

Phone number:

E-mail address:

**Department of Foreign Languages**

**WSB University**

**Application for the language group change**

I kindly request to change my language group from (language group assigned) .........................................................................................................................................................

conducted by ............................................................ ………………………………(name of the lecturer)

to ....................................... (language group name).

Justification:

........................................................................................................................................................................................................................................................................................................................................

Your sincerely,

 *(signature)*