Warsaw, ………………….…………

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

 (Name and surname of the student – Student’s ID Number)

…………………………………………………………………………………………...

 (Studies mode)\*

……………………………………………………………………………………………

(Language group number, name and surname of the language instructor)

 To

 **Head of ………… Language Department**

 **Centre of Foreign Languages**

 **The SGH Warsaw School of Economics**

 **in Warsaw**

**Application for Transfer to Another Language Group**

I kindly request **a transfer to another** ……………………………. **language group**.

I substantiate my request as follows: *(please also provide the number of points from the high school leaving exam, the online lexical-grammar test and/or any relevant language certificate*)

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 Clear signature of the applicant

**Instructor’s opinion:**

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

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

|  |
| --- |
| **Head’s opinion:** |

\*Studies mode: full-time, part-time (afternoon);

**NOTE:** **The application, along the language instructor’s opinion, must be submitted to the Centre of Foreign Languages Secretary’s office not later than by the end of the first week of classes for full-time and part-time (afternoon) modes, and within three working days after the conclusion of the first-weekend session for the Saturday-Sunday mode**. Applications submitted after this deadline will not be accepted. Applications will be processed by the end of the second week of classes and – for the Saturday-Sunday mode – before the start of the second session of classes.