Gdańsk,……………

………………………………….………………….

*(first and last name)*

………………………………….………………….

*(Student’s Registration No.)*

………………………………….………………….

*(year/semester of studies)*

**Dean of the Faculty of Chemistry**

**of the University of Gdańsk**

I would like to ask for transfer of the following grades in semester ………. in academic year ……….

Obtained by me in academic years: …………………………………

At the University: …………………………………………………………….

At the field of study: ……………………………………………………………

|  |  |  |
| --- | --- | --- |
| Course title | Form of course(lecture, exercises) | Permission of the lecturer |
| Yes/Nograde | Signature |
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I attach to my application the periodic achievements card, confirmed by my home university, and the curriculum contents (syllabuses) for the courses completed outside the University of Gdańsk.

……………………………….

 (signature of the student)

………………………………………….

 (Dean’s permission)