Wrocław, on

………………………………………………………………

(Name and surname, student’s card number)

………………………………………………………………

(Major, first-/second-cycle I /II**\***, year of studies, full-time/part-time programme\*)

………………………………………………………………

(Current address)

………………………………………………………………

(e-mail, phone number)

**Mr/Ms
……………………………………………..**

**Vice-Dean of the Faculty of Social Communication and Media Studies of the University of Wrocław**

**REQUEST FOR CHANGE THE FORM OF STUDY**

I kindly apply to change the form of my studies: from full-time to part-time (extramural) / from part-time (extramural) to full-time\* in the academic year ..........................

The arithmetic mean of my grades is ........................(calculated by the Dean's Office). In the case of a positive decision by the Dean, I declare that I resign from my studies in the current form.

 Yours sincerely,

 ………………………………………………..

 (handwritten signature)

**Vice-Dean’s decision:** ……………………………………………………………………………………………………………

................................
*(signature)*

\* underline appropriate

§ 53.6. The dean, when granting permission to change the field of study, specialisation or form of study, shall specify to the student the year of study in which he/she will begin, the subjects to be taken and the deadlines for their completion, and, if necessary, the amount of fees for the implementation of the courses