

Admissions Department

Warsaw, date _____

application number

first and last name

correspondence address (street, house/apartment number)

(postal code, town)

telephone number

e-mail address

**The Dean
Faculty of Law and Administration
Łazarski University**

**APPLICATION
FOR RECOGNITION OF PRIOR LEARNING**

I kindly request to be admitted to studies at the Faculty of Law and Administration, in the form of full-time studies, for the program _____, specialization _____ *bachelor's/master's** degree, in the academic year 2026/2027. At the same time, I request the recognition of the results of subjects that I have completed during my studies at _____ at the Faculty of _____, which fit within the curriculum of Łazarski University.

I am attaching: _____

legible signature (full name and surname)

** cross out what is unnecessary*

The administrator of your personal data is Łazarski University, and we process your data to consider your application. More information about data processing can be found on the website. <https://www.lazarski.pl/en/offer/admission/higher-education/recognition-and-transfer/recognition-overlapping-subjects>

Dean's Decision and Remarks:

I propose enrollment for the semester _____

Recognized _____ ECTS

Remarks from the Admissions Department:

