



Received by the Admissions Office

on the day _____ Sign _____

Admissions Department

Warsaw, date: _____

application number

first and last name

correspondence address (street, house/apartment number)

(postal code, town)

telephone number

e-mail address

**Learning Outcomes Verification Commission
Lazarski University**

APPLICATION

FOR RECOGNITION OF THE PROFESSIONAL EXPERIENCE

I would like to apply for admission into the _____
program (full-time studies) at *bachelor's/master's** degree, for the 2025/2026 academic year.
Additionally, I request for recognition of the learning outcomes obtained during:

I am attaching:

legible signature (full name and surname)

** cross out what is unnecessary*

The administrator of your personal data is Lazarski 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/pl/oferta/rekrutacja/studia-wyzsze/uznanie-i-przeniesienie>

Decision of Dean: