Received by the Admissions Department

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 2026/2027 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/en/offer/admission/higher-education/recognition-and-transfer/recognition-of-professional-achievement

Decision of Dean: