



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

Decision of Dean: