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

The Dean
Faculty of Law and Administration
Lazarski University

APPLICATION
FOR TRANSFER

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 am currently completing in/at _____ at the Faculty of _____, which fit within the curriculum of Lazarski University.

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/transfer-university

Dean's Decision and Remarks:

I propose enrollment for the semester_____

Recognized_____ ECTS

Remarks from the Admissions Department:

_____

_____