	Warsaw, on
Name and surname:	
Correspondence address:	
correspondence address.	
Cell phone:	
e-mail address:	
last completed semester of study:	
ast completed semester of study	
	To the Dean
	of the University
	of Ecology and Management in Warsaw
	III Walsaw
REQUEST FOR RECOGNIT	TION OF THE OVERLAPPING SUBJECTS/
TRANSFER STUDENT'S (CREDITS FROM ANOTHER UNIVERSITY
I hereby apply for admission to the following	og field of study:
,	pecialisation,
	study, full time/part time*, from winter/summer* semester
of the academic year	
I was a student/ I am a graduate* of:	
In the years in a field of st	udy
	me differences, calculated on the basis of a comparison of
	transferring from and the field of study in which I will be taking up
my studies. I shall equalise programme differences	·
On the day of enrolment, I undertake to pay for the	
Attachments: 1	
2	
I hereby give my consent to the University of Ecology and Manageme e-mail address and phone number to enable contact between Candid	nt in Warsaw to process my personal data included in the application:
The University of Ecology and Management in Warsaw fulfilling the ${\sf o}$	bligation under Article 13 of Regulation (EU) 2016/679 of the European Parliament and of the
·	ion to the processing of personal data and on the free movement of such data and repealing nal of the European Union of 04 May 2016 L 119)) of the aforementioned Regulation provides
the following information in addition:	
 personal data will be processed to enable contact between Candidat The legal basis for the processing is Article 6(1)(a) of the aforementic 	e and University in matters concerning course of study; ned Regulation. You have the right to withdraw your consent at any time without affecting the
lawfulness of the processing carried out on the basis of your consent	orior to its withdrawal; the grounds of §4 of the Notice of the Minister of Education and Science of March 18, 2021
concerning announcement of the consolidated text of the Ordinance	of the Minister of Science and Higher Education concerning studies) or until the withdrawal of
the consent to process that data (depending on which event will occu	r first); ent, is not a statutory requirement, submitting data is not required, however is necessary for a
communication by e-mail or phone. If data is not provided, information	on on the course of study will be given only through personal contact with the University.
Data Protection Officer contact details: phone number +48 22 825 80 I have read the above information and understand it.	32; iod@wseiz.pl.
	Candidate's legible signature