



SGH

.....
Student's name

Warsaw,

.....
Student's no.

.....
Semester

.....
Form of studies, mayor

DEAN OF MASTER'S DEAN OFFICE

.....
Telephone no., e-mail

APPLICATION FOR THE COURSE TRANSFER

Hereby I ask for transferring the course/courses completed during studies in the second cycle of studies in

.....
Name of the University

To be fulfilled by student			To be fulfilled by course coordinator or patron of major			
Course completed			SGH programme equivalent			
Date of completing	Name of the course	Grade	Signature	Name of the course	Grade	ECTS
Student's signature			The signature of course coordinator or patron of major			
Dean's Decision						

Attachments:

1. Certification of the course completing including: name of the course, no. of hours, grade, date of completing, no. of ECTS* at the University where the course/courses were completed.
2. Course syllabus* attested by the dean's office at the University where the course/courses were completed.

**if available*

Szkoła Główna Handlowa w Warszawie