**Request for changing Faculties during ERASMUS study period at the Academy of Fine Arts in Warsaw**

**Student’s Personal Data:**

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Student’s name:

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Email address:

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Sending Institution:

**I apply for switching from the Faculty of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the Faculty of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the Academy of Fine Arts in Warsaw in the winter semester of the academic year 2019/20 .**

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Student’s signature and date

**Approval of both Faculties:**

**The above mentioned Student is**

 approved

 not approved

**to change their Faculty.**

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Old Departmental coordinator‘s signature and date

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New Departmental coordinator‘s signature and date