

UNIVERSITY* _____
(institution of origin)
No. _____ of _____

UNIVERSITY _____
(receiving institution)
No. _____ of _____

ASSENT
RECTOR
L.S.

ASSENT
RECTOR
L.S.

Assent,
DEAN
L.S.

Assent,
DEAN
L.S.

MISTER RECTOR,

I the undersigned _____ student at the University of _____, Faculty _____, Field _____, Study programme _____, cycle (licence, master) _____; type of course _____ (full time, part time, distance learning), (with/without tuition fee), year of studies _____, am kindly asking you to approve my transfer in the _____ year of studies as of academic year _____, at the University _____, Faculty _____, Field _____, Study programme _____, type of course _____ (full time, part time, distance learning), (with/without tuition fee).

I request the transfer for the following reasons:

1. _____;
2. _____;
3. _____.

Date _____

Signature _____

We hereby certify that our is acknowledged by our national Government.

TRANSCRIPT OF RECORDS
(synopsis)

Per academic years on the student

Year _____ academic year _____ average _____ /no. credits _____
Year _____ academic year _____ average _____ /no. credits _____
Year _____ academic year _____ average _____ /no. credits _____
Year _____ academic year _____ average _____ /no. credits _____
Year _____ academic year _____ average _____ /no. credits _____
Year _____ academic year _____ average _____ /no. credits _____
Year _____ academic year _____ average _____ /no. credits _____

Duration of studies _____ years,

Faculty Secretariat _____

We confirm the accuracy of the above information.

SECRETARY FACULTY,

L.S.

Signature,

Remark:

The request shall be filled out in two copies (one for each institution, faculty