



# REQUEST FOR EXTERNAL TRANSFER

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Student No		Student's Name			Date of Application		
		Faculty			Telephone & e-mail address		
Program			Academic Year and Semester				
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Master's	<input type="checkbox"/> PhD	Academic Year	20 <input type="checkbox"/>	/ 20 <input type="checkbox"/>	Semester	<input type="checkbox"/> Fall <input type="checkbox"/> Spring

To: <sup>1</sup>	<input type="checkbox"/> Faculty of Economics	<input type="checkbox"/> Faculty of Engineering and IT	<input type="checkbox"/> Education Faculty
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### I) Information about the transfer:

	Current faculty / Program	Requested faculty / Program
Faculty		
Department		
Academic program		
Study year		

### II ) I enclosed the documents listed below:

1. Transcript
2. Course description (curriculum of passed courses)
3. Registration card (index)
4. Withdrawal form from previous University
5. High school diploma (apostille stamped)
6. High school transcript (apostille stamped)
7. Birth certificate
8. Citizenship certificate
9. 4x photos

### Required signature:

By signing below, I certify that the information contained on this form and all supporting documents is true and accurate.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Note: Request should be submitted in two copies.

\_\_\_\_\_  
Please, mark related Faculty.

