*Annex No. 2 to Resolution No. 11/02/2024*

*Teaching Council of the MCUR of February 15, 2024.*

………………………………..................................................................................................... name and surname of the applicant

………………………………..................................................................................................... Address for correspondence

………………………………..................................................................................................... telephone number and e-mail address

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series and number of the ID card/passport and the name of the authority issuing the document

**APPLICATION**

**for consent to transfer from another university or foreign university to a field of study conducted by**

**Medical College of the University of Rzeszów along with a complete set of required documents**

I am asking for consent to be admitted by transfer to studies conducted by the College of Medical Sciences of the University of Rzeszów in the field of study: ………………………….………., year: ………., term: …………..….., specialty:……………………….

Level 1 .………………………………………...…, form of study 2…………………………………………………….……..................................

I am currently studing at ………………………………………………………..……………………….…………….……………………………………

 (enter: name of the university, field of study, year, semester, specialization, level and form of studies)

*1. level of studies: first-cycle studies, second-cycle studies, long-cycle master's studies*

*2. form of studies: full-time, part-time*

**Justification:**

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I consent to the processing of personal data contained in the process of admission to studies at the University of Agriculture, in accordance with the Act of May 10, 2018 on the protection of personal data (Journal of Laws of 2018, item 1000) and in accordance with the Regulation of the European Parliament and of the Council (EU) 2016/679 of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC *(RODO).*

 date of submission and handwritten signature

JUSTIFICATION by the verification team:

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about ........................................................................................... it is possible to undertake education;

about .......................................................................................... there is no possibility of taking up education\*

……………………..

DATE, SIGNATURES OF THE VERIFICATION TEAM

\* underline appropriately