

**Changing specialization request form**

Administrator’s name:

Administrator’s contact:

Request ID:

**Dear Mrs./Mr. Vice Dean of Education!**

Undersigned

Name of student:

Student ID:

Training:

Faculty:

Programme:

Year of entrance:

Division:

Place of training:

I apply to you with the following request:

I apply for permission to continue my studies on …………..………….. specialization instead of ……………………………. .

Justification:

Date: , 20 . month day

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

signature of student

**I give / I do not give** permit for changing specialization.

Date: , 20 . month day

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

specialization leader

**I receive / I do not receive** for the specialization.

Date: , 20 . month day

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

specialization leader