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Application filling date

.....  
Name and surname of the applicant

.....  
Student ID No.

.....  
Year of the program, semester, field of study, level\* and mode\*\* of study

.....  
Mailing address

.....  
Phone number and e-mail address

**Dean of the Faculty .....**  
**of Wrocław Medical University**

**APPLICATION**  
**for approval of the student's transfer from another institution to a program offered**  
**by Wrocław Medical University**

I hereby apply for approval for my admission to a program offered by Wrocław Medical University, Faculty of.....,  
field of study: .....,  
year: ....., semester: ....., level of study\* ....., mode of study\*\* .....

Currently, I am a student of:

.....  
.....  
(insert: name of the institution, faculty, field of study, year of the program, semester, level\* and mode of study\*\*)

**Justification:**

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**The following shall be enclosed to the application\*\*\*:**

- 1) A photocopy of the student's grade book or a periodic achievement card certified as true to the original by the home institution,
- 2) A certificate of the exam grade point average obtained during the completed years of study,
- 3) A certificate of the course of study, including obtained grades and ECTS points, signed by the Dean or an authorized person,
- 4) A photocopy of the high school diploma, originals for inspection,
- 5) A written declaration that the student has a clean disciplinary record and no disciplinary proceedings have been instituted against him/her,  
- in case of foreign institutions, the required documents shall be provided in Polish translated version by a sworn translator,
- 6) Other documents, not listed under 1-5 (specify which):  
.....  
.....

At the same time, I hereby apply to have my achievements in the following subjects\*\*\*\*, obtained at my home institution indicated in this application, transferred:

- 1) .....
- 2) .....
- 3) .....

\_\_\_\_\_  
(date and legible signature of the applicant)

**Response to the application (for drawing up an administrative decision of the Dean):**

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.....

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(date, seal and signature of the Dean)

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- \* level of study: first cycle program, second cycle program, full cycle Master's degree program*
  - \*\* mode of study: full-time, part-time*
  - \*\*\* in case of foreign institutions, the required documents shall be accompanied by their sworn translations*
  - \*\*\*\* to be completed if the student applies also for a transfer of his/her achievements obtained so far*

.....  
(place and date)

## INFORMATION CLAUSE CONCERNING PERSONAL DATA PROCESSING

/for students from institutions other than Wrocław Medical University applying for approval to transfer from another institution to a program offered by Wrocław Medical University/

Pursuant to Art. 13 of the Regulation (EU) 2016/679 of the European Parliament and of the Council (General Data Protection Regulation – GDPR), we inform you that:

1. The Controller of your personal data is Wrocław Medical University, with its registered office in Wrocław 50-367, ul. Wybrzeże Ludwika Pasteura 1, hereinafter referred to as the “Controller”, and represented by the Rector;
2. The Controller has appointed a Data Protection Officer who can be contacted regarding all issues associated with the processing of personal data at e-mail: [iod@umw.edu.pl](mailto:iod@umw.edu.pl);
3. Your personal data will be processed for the following purposes:
  - a) conducting and documenting, during the transfer, the enrolment process on the student list of Wrocław Medical University,
  - b) performing the statistical and reporting duties of the Controller,
  - c) ensuring the security of individual persons and the property through video surveillance,
  - d) archiving.
4. The legal basis for the processing of your personal data is:
  - a) Art. 6 sec. 1, letter (c) of the GDPR, i.e., the Law on Higher Education and Science and other provisions to which the Controller is subjected, in particular concerning archival obligations,
  - b) Art. 6 sec. 1, letter (f) of the GDPR, i.e., ensuring the security of individual persons and property (also through video surveillance).
5. The Controller does not share your personal data with any recipients, except in cases where such an obligation arises from universally applicable legal provisions;
6. The Controller may entrust another entity, by way of a written agreement, with processing your personal data on behalf of the Controller;
7. The Controller will store your personal data for the period necessary for processing purposes, but for not less than the period set forth in the archival regulations;
8. In the cases, under the terms and in the manner specified in the applicable regulations, you have the right to: access your personal data and rectify them (Art. 15 and 16 of the GDPR), erase your data (Art. 17 of the GDPR), limit the processing of your data (Art. 18 of the GDPR), object to the processing of your data (Art. 21 of the GDPR), transfer your data (Art. 20 of the GDPR);
9. You have the right to file a complaint to the Supervisory Authority – the President of the Personal Data Protection Office – if you suspect that your personal data are processed by the Controller in violation of the law;
10. Providing your personal data is obligatory by law. These data are essential for the process of transferring from another institution to a program offered by Wrocław Medical University.  
Failure to provide these data will result in the inability to initiate the transfer process to the program;
11. Your personal data will not be subjected to automated decision-making, including profiling, as referred to in Art. 4, point 4 of the GDPR, which is a form of automated processing of personal data consisting of using personal data to evaluate certain personal aspects of a natural person.