

.....
Date of receipt of application

.....
First name and last name of the applicant

.....
Index number

.....
Year of study, semester, course, level* and form** of study,

.....
Correspondence address

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

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

APPLICATION
for consent to transfer from another university to studies conducted by
the Wrocław Medical University

I ask for consent to be admitted to studies conducted by the Wrocław Medical University at the Faculty of
....., field of study:,
year:, semester:, level*, form of study**

I am currently studying:

.....
(enter: name of University, faculty, field of study, year, semester, level* and form of study**)

Justification:

The application should be accompanied by**:**

- 1) a photocopy of the student's index or periodic achievement card certified as a true copy by the home university,
- 2) a certificate of the average grade from exams passed in previous years of study,
- 3) a certificate of the course of studies, including grades and ECTS credits, signed by the Dean of the relevant Faculty or the Dean of the Branch or a person authorised to sign,
- 4) a photocopy of the secondary school leaving certificate, with the originals available for inspection,
- 5) written declarations of no disciplinary penalties and that no disciplinary proceedings are pending against the student,
- 6) information from the National Criminal Register to the extent provided for in the Act on counteracting threats of sexual offences and protecting minors (i.e. Journal of Laws of 2024, item 1802);
- 7) certificate confirming the current status of the student signed by the Dean or an authorised person;
- 8) documents other than those mentioned in subparagraphs 1 to 6 (specify):
.....
.....

- in the case of documents drawn up in a language other than Polish, they must be submitted in a version translated into Polish by a sworn translator

At the same time, I request the transfer of previous achievements in the following subjects*****, obtained at the home university indicated in the application:

- 1)
- 2)
- 3)

(date, legible signature of the applicant)

Ruling of the Dean/Dean of the Branch* on (to prepare an administrative decision):**

.....

.....

.....

.....

(date, stamp and signature of the Dean/Dean of the Branch***)

** level of studies: first-cycle programme / second-cycle programme / uniform master studies*

*** form of study: full-time, part-time*

**** delete as appropriate*

*****in the case of foreign universities, the required documents must also be provided in a version translated by a sworn translator*

****** to be completed if the student also requests the transfer of previous achievements*

INFORMATION CLAUSE ON THE PROCESSING OF PERSONAL DATA

/for students of universities other than the Wrocław Medical University applying for consent to transfer from another university to studies conducted by the Wrocław Medical University/

In accordance with Article 13 of 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 the personal data is Wrocław Medical University with its registered office at Wybrzeże Ludwika Pasteura 1, 50-367 Wrocław, hereinafter the 'Controller', represented by the Rector.
2. The Controller has appointed a Data Protection Officer who can be contacted regarding matters concerning the processing of personal data at the following e-mail address: iod@umw.edu.pl;
3. Your personal data shall be processed for the following purposes:
 - a) to carry out and document, by way of transfer, the process of entry on the list of students of the Wrocław Medical University,
 - b) to perform the statistical and reporting obligations of the Controller,
 - c) to ensure the safety of persons and property through CCTV,
 - d) archiving.
4. The legal basis for processing your data is:
 - a) Article 6 section 1 letter c of the GDPR, i.e. the provisions of the Act on Higher Education and Science and other regulations applicable to the Controller, especially those concerning archiving obligations,
 - b) Article 6 section 1 letter f of the GDPR, i.e. ensuring the safety of persons and property (including through CCTV).
5. The Controller shall not disclose your personal data to any recipients, except in cases in which such an obligation results from generally applicable laws;
6. The Controller may entrust another entity, by a written contract, with the processing of your personal data on behalf of the Controller;
7. The Controller shall store your personal data for the period necessary to achieve the objectives of the processing, but not shorter than for the period indicated in the archiving regulations;
8. In cases, under the rules and in the manner specified in the applicable regulations, you have the right to request: access to and rectification of data (Articles 15 and 16 of the GDPR), erasure of data (Article 17 of the GDPR), restriction of processing (Article 18 of the GDPR), objection to processing (Article 21 of the GDPR), data portability (Article 20 of the GDPR).
9. You have the right to lodge a complaint with the supervisory authority – the President of the Personal Data Protection Office – if you suspect that your personal data is being processed by the Controller in violation of the law.
10. The provision of your personal data is a statutory requirement. This data is necessary to carry out the transfer process from another university to studies conducted by the Wrocław Medical University.
Failure to provide the data results in the inability to start the transfer process;
11. The personal data provided shall not be subject to automated decision-making, including profiling within the meaning of the GDPR referred to in Article 4 item 4) of the GDPR, which means a form of automated processing of personal data that consists in using personal data to evaluate certain personal factors of a natural person.