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|  |  |  | | | |
|  |  | | To: Nikita Anisimov, Rector, HSE University | |
|  |  | |  | |
|  |  | | From student in *select year of study* year of study, | |
|  |  | | *select mode of study* mode of study under the degree programme | |
|  |  | | *название образовательной программы* | |
|  |  | | *(degree programme)*  *укажите ФИО* | |
|  |  | | *(last name, first name, middle name/patronymic)* | |
|  |  | | E-mail: | *электронная почта* |
|  |  | | Mob. No.: | *мобильный телефон* |

**Request for Transfer to a Different Degree Programme (without Dismissal)**

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| I request that I be transferred ***without dismissal*** from the degree programme where I am a student, through a transfer, to the *select year of study* year of study at the faculty *укажите название факультета* at *select campus*, under the degree programme *select degree level* *укажите название образовательной программы*, field of study *укажите направление подготовки*, in a place under an agreement for the provision of paid educational services, effective from *select date* *укажите месяц*, 20\_\_. | | | | | | |
|  | | | | | | |
|  |  |  |  |  | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *(signature)* |  |
|  |  |  |  |  | “\_\_\_” \_\_\_\_\_\_\_\_\_\_, 20\_\_ |

|  |  |
| --- | --- |
|  | |
| *I hereby confirm the availability of a place under an*  *agreement for the provision of paid educational*  *services / Подтверждаю наличие места по договору об оказании платных образовательных услуг* |  |

|  |  |  |  |
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| Manager, degree programme  *(current degree programme)* | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *(signature)* | | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *(full name)* |
| Approved  Academic Supervisor, degree programme  *(current programme)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *(signature)*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *(full name)*  “ ” \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_ | | Approved | | |
| Academic Supervisor, degree programme  *(degree programme to which the student is being transferred)* | | |
| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *(signature)* | | |
| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | |
| *(full name)* | | |
| “ ” \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_ | | |