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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\_\_. |
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|  |  |  |  |  | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(signature)* |  |
|  |  |  |  |  | “\_\_\_” \_\_\_\_\_\_\_\_\_\_, 20\_\_  |

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|  |
| *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\_\_  |