

.....
date of application

APPLICATION TO THE RECTOR

I kindly request a consent for *:

- reimbursement of tuition fees for non-study period on account of*:**
 - obtained permission to take a leave of absence,
 - removal from student register;
 - completion of studies at an earlier date than specified in the agreement,
 - failure to commence studies,
 - resignation from studies,
 - resignation from education for medical reasons, confirmed by a medical certificate,
 - other important documented random causes (please specify):
.....
- reimbursement of the overpayment in the amount of PLN**

I. Personal data of a person admitted to the university/Student:**

first name(s) and surname

email phone

album no. study commencement date

faculty

major

first-cycle/second-cycle/long cycle studies** ,

***mode of studies: full-time, part-time**

year of studies, semester

number of the agreement on tuition payment conditions

bank account number to which the refund of the fee/overpayment is to be made**
.....

Name of bank account holder to whom the refund of the fee/overpayment is to be made**
.....

II. The annual tuition fee according to the agreement is: PLN

(say:.....)

III. Grounds for the application

Attachments:

- a) confirmation of tuition fee bank transfer to the individual account created within the bank account of the University,
- b) medical certificate (if applicable),
- c) other (please specify)

.....
.....

date, legible signature of the applicant

IV. TO BE FILLED IN BY THE UNIVERSITY STAFF MEMBER

A. Reimbursement of tuition fees for non-study period

1. Amount of tuition fee paid by the student: PLN
(say:)
2. Non-study period from to
3. Number of teaching hours in the non-study period
4. Justification:
5. Amount to be refunded: PLN
(say:)

(date, stamp and signature)

B. Overpayment refund:

1. Amount of tuition fee paid by the student:
2. Amount of overpayment: PLN
(say:)
3. Justification:
.....
.....

(date, stamp and signature)

V. RECTOR'S DECISION CONCERNING:

I grant my consent/do not grant my consent** to*:

- reimbursement of tuition fees for non-study period on account of*:**
 - obtained permission to take a leave of absence,
 - removal from student register;
 - completion of studies at an earlier date than specified in the agreement,
 - failure to commence studies,
 - resignation from studies,
 - resignation from education for medical reasons, confirmed by a medical certificate,
 - other important documented random causes (please specify):
.....
- overpayment refund.**

Justification:
.....
.....
.....

(date, stamp and signature)

* mark as appropriate
** delete as appropriate