



APPLICATION FOR PERMISSION TO PAY TUITION FEES IN INSTALMENTS OR TO HAVE THE DEADLINE FOR THE PAYMENT OF TUITION FEES EXTENDED

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| **APPLICANT**  (to be filled in by student or foreigner) | | | |
| **FORENAME AND SURNAME** |  | **FIELD OF STUDY** |  |
| **STUDENT REGISTRATION NUMBER** |  | **YEAR OF STUDY** |  |
| **ADDRESS FOR CORRESPONDENCE** |  | **LEVEL OF STUDY\*** | **FIRST LEVEL**  **SECOND LEVEL**   * **UNIFORM MASTER PROGRAMME** |
| **TELEPHONE NUMBER** |  | **FORM OF STUDY\*** | **FULL-TIME**   * **PART-TIME** |
| **I REQUEST A REDUCTION IN THE FEES FOR EDUCATIONAL SERVICES PROVIDED BY THE UNIVERSITY OF OPOLE RELATED TO:**  (to be filled in by student or foreigner) | | | |
| **TYPE OF FEES\*** | **PARTICIPATION IN PART-TIME STUDIES**   * **RESIT OF SPECIFIC COURSES IN FULL-TIME STUDIES DUE TO UNSATISFACTORY ACADEMIC PERFORMANCE AS PART OF REPEATING A SEMESTER OR HOLDING A CONDITIONAL ENTRY**   **STUDIES IN A FOREIGN LANGUAGE**   * **PARTICIPATION IN COURSES NOT INCLUDED IN THE CURRICULUM** * **TEACHING FOREIGNERS IN FULL-TIME STUDIES IN THE POLISH LANGUAGE** | | |
| **TYPE OF RELIEF\*** | **PAYMENT IN INSTALMENTS**   * **EXTENSION OF THE FEE PAYMENT DEADLINE** | | |
| **FOR THE ACADEMIC YEAR\*** | / | | |

**JUSTIFICATION**

(to be filled in by student or foreigner)

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Date and signature of student or foreigner

**Enclosures:**

**1)**

**2)**

**3)**

**4)**

**5)**



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| **DEAN'S OPINION**  (to be filled in by an employee of the Dean's Office\*, an employee of the Office of Didactics and Student Affairs\*\* and the Dean\*\*\*) | | |
| **STUDENT'S STATUS ON THE DATE OF SUBMITTING THE APPLICATION\*** |  | (date and signature) |
| **AMOUNT OF FEES REFERRED TO IN THE APPLICATION\*** |  | (date and signature) |
| **GRADE POINT AVERAGE OBTAINED IN THE ACADEMIC YEAR PRECEDING THE YEAR IN WHICH THE STUDENT OR FOREIGNER APPLIES FOR RELIEF\*** |  | (date and signature) |
|  | **MAINTENANCE GRANT** |  |
|  |  |
|  | **–** |  |
|  | **A GRANT FOR DISABLED PERSONS** |  |
| **INCOME PER 1 PERSON IN THE STUDENT'S OR FOREIGNER'S FAMILY\*\*** | (date and signature) |
|  | * **ALLOWANCE** |  |
|  |  |  |
|  | * **RECTOR'S SCHOLARSHIP** |  |
|  |  |  |
| **TOTAL AMOUNT OF FINANCIAL AID AWARDED\*\*** |  | (date and signature) |
| **OTHER\*\*\*** |  | (date and signature) |

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Date and Dean’s signature

\* to be filled in by an employee of the Dean's Office;

\*\* to be filled in by an employee of the Office of Didactics and Student Affairs;

\*\*\* to be filled in by the Dean.