



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.