|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: | | | Surname: | Date: | |
| Student number: | | | Registration and overall GPA (Dean’s Office): | | |
| Faculty: | | | Field of study: | | |
| Year | Semester | Mode of study\* (full-time, part-time, extramural) | Cycle of studies\* (First-cycle - Bachelor’s degree, First-cycle – Bachelor of Science degree, Second-cycle – Master of Science degree.) | | Location\* (in Poland/outside of Poland doing exchange) |

Current postal address

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Street | | House no. | Flat number | Postal code | City |
| Municipality | Voivodeship | | | Telephone | E-mail address |

**Vice Dean for Students Affairs**

**……………………………………………………..**

I kindly request \*:

* exemption from tuition fee payment in the winter / summer\* semester of the 20 ... / 20 ... academic year.
* for a reduction in the tuition fee from ........................... EUR/PLN to ...................... EUR/PLN in the winter / summer\* semester in the 20 ... / 20 ... academic year.
* exemption from payment for missing ECTS points constituting the amount of ............... EUR / PLN.
* for a reduction in payment for missing ECTS points from ……………..EUR/PLN to ……………..EUR/PLN.
* dividing the payment into 2 installments, each in the amount of ………………… EUR/PLN, paid until:

1st due date: ……………………………………………………………………………………………………………………  
2nd due date: ……………………………………………………………………………………………………………………

* in the winter/summer\* semester of 20…./20…. academic year.
* to postpone the payment date till ……………………. for the winter/summer\* semester in the 20…./20…. academic year.   
  **Justification:**

…………………………………………………………………………………………………………………………………………………………………………………

I receive financial aid at TUL in the amount of …………………………………………… PLN  
There are ……………. members of my family and family’s monthly income is ………………………………… PLN  
Income per person is ………………………………….. PLN  
Attachment: certificate of family income

City …………………………… , date ………………………. ……………………………………………   
 Student’s/PhD student’s signature

|  |  |
| --- | --- |
| **ICC Director’s opinion** (only for IFE students)  I agree/I disagree\*\* | **Vice Dean’s decision** I agree/I disagree\*\* |
| Payment due date/dates  …………………………………. / …………………………………. / …………………………………. |

\* mark as appropriate

\*\*delete as appropriate