………………………………….., …………………

  *place date*

………………………………………….
 *name and surname*

………………………………………….
 *student number*

………………………………………….
 *field of study*

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

form of study: ………………………..

Vice-Rector for Student Affairs and Education Quality

Dr hab. Arnold Kłonczyński,

Associate professor

**Request by student**

**for reimbursement of study fees \*\***

I would like to request that the study fee be returned due to overpayment/withdrawal from studies/removal from the register of students/ permission to take student leave/other\*: ………………………………………………………………………………………………………………………………………………………………...

Field of study: …………………………………………………………………………………………………………………………………...

Faculty …………………………………………………………………………………………………………………………………........................

Request refers to the winter/ summer\* semester of the academic year …………………………………………………….

The amount due to be collected:

- **at the UG Cash Office\*** (after receiving written notification at the correspondence address provided),

- **via bank transfer to the bank account no.\* .**………………………………………………………………………………………………………

 ……………………….. ……………………….………………...

 *date signature of student*

**Annotations by Dean’s office employee**

List of payments due and made:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Amount due for  | Amount due | Amount of payment  | Date of payment  |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

I confirm an overpayment in the student account to the amount of: …………………………………………………………

 ……………………….. ……………………….…….……………...

 *date signature of Dean’s Office employee*

**Decision by competent Deputy Dean for Student Affairs**

I grant the request / I do not grant the request\* for study fees to the amount of …………………………… PLN to be reimbursed.

……………………….. ……………………..…………….………………………………...

 *date signature of Deputy Dean for Student Affairs*

**Decision by competent Vice-Rector for Student Affairs**

On the basis of § \_\_\_\_\_\_\_ of the Decree of the Rector of the University of Gdańsk no. \_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_ (date) on the fees referred to in Article 79 sections 1 and 2 of the Act of 20 July 2018 – Law on Higher Education and Science, collected from students of the University of Gdańsk and on the conditions and procedures for the waiving of these fees, I consent to the fee for studies to the amount of …………………………… PLN\* to be reimbursed due to overpayment/withdrawal from studies/removal from the register of students/ permission to take student leave /other \* in the winter/summer\* semester of the academic year 20….. / 20….. .

……………………….. ……………………..………………….……….………………...

 *date signature of Vice-Rector for Student Affairs*

\* delete where applicable

\*\*request should be accompanied by proof of payment