………………………………….. , …………………

 *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 study fees to be waived**

 On the basis of § 25 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 request for the fee for …………………………………………………………… to be fully/ partially\* waived in the winter/summer \* semester of the academic year 20….. / 20….. .

Justification:

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

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

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

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

Attachments:

1. ……………………………………………………………………………………………………..………………………………………………
2. ……………………………………………………………………………………………………..………………………………………………
3. ……………………………………………………………………………………………………..………………………………………………

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

 *date signature of student*

**Annotations by Dean’s office employee**

Information on the validity of the fee being waived or on the lack of grounds for the waiving of fees

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

Additional information\*\*:

1. Date of signing the agreement with the University on the amount and collection of fees: …….………………...…
2. Selected form of payment: annual/semester/instalments\*, amount of fee: ……………………………..…..
3. Grade average for the most recent semester/year of study for which credit was received: …………………..……….…………………...……
4. Income per 1 member of student’s family:.………………………………………..……………
5. Amount of social grant allocated: …………………………….………...……………………
6. Amount of allocated grant for academic/sports achievement: ………...……………..……………

……………………….. ………………………………….………………...

 *date signature of Dean’s Office employee*

\* delete where applicable

\*\* to be completed depending on the reason for the waiving of the fee referred to in the student’s request

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

I recommend that the fee should be:

□ waived

□ lowered by …………………… PLN.

□ I do not recommend that the fee be waived or lowered.

Justification:

Lack of grounds:

□ student is not in a difficult financial situation

□ student has not obtained a valid disability certificate/the certificate has expired\*

□ in the previous academic year the student did not have outstanding academic/artistic/sports achievements \*

□ the request was not submitted within the set time limit

The request contains the following formal irregularities:

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

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

Other: …………………………………………………………………………………………………………………………………………………………...

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

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

 *date signature of Deputy Dean for Student Affairs*

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

On the basis of § 25 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 waive/lower the fee by ………… PLN\* for …………………………………………………………………………………………… in the winter/summer\* semester of the academic year 20….. / 20….. .

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

 *date signature of Deputy Dean for Student Affairs*

\* delete where applicable