………………………………….., …………………

*place date*

………………………………………….  
 *name and surname*

………………………………………….

*address part 1*

………………………………………….

*address part 2*

………………………………………….  
 *student number*

………………………………………….  
 *field of study*

first-cycle/second-cycle/

long-cycle studies \*

form of study: ………………………..

***Vice-Rector for Student Affairs***

**Request**

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

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

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

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

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

The reimbursed fee to be collected:

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

- **via bank transfer to bank account number\*.**……………………………………………………………………………………

……………………….. ……………………….………………...

*date signature of student*

**Annotations by Dean’s Office employee**

List of payments due and made:

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

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

……………………….. ……………………….………………...

*date signature of Dean’s Office employee*

**Decision by Deputy Dean for Student Affairs**

I approve / do not approve the request for reimbursement of study fees to the amount of …………………………… PLN\*

……………………….. ……………………..…………….………………...

*date signature of Deputy Dean for Student Affairs*

**Decision by 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 2018 – Law on Higher Education and Science, collected from the students of the University of Gdańsk, and on the conditions and procedures for the waiving of these fees, I give my permission for the fee for education in studies to the amount of …………………………… PLN\* to be reimbursed due to overpayment/withdrawal from studies/removal from the register of students/ permission to take leave from studies/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.