………………………………….., …………………

*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 study fees to be waived**

On the basis of § 23 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 request that the fee for ………………………………………………………… 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 to support or deny the request for a reduction in fees

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

Additional information\*\*:

1. Date of accepting the rules on the rules on the collection and amount of fees: …….………………...…
2. Amount of fee: …………………………….
3. Grade average for the most recent completed semester/year of study: …………………..……….………………
4. Income per one family member in the student’s family: .………………………………………..……………
5. Amount of need-based grant allocated: …………………………….………...……………………
6. Amount of grant allocated for academic or sports results: ………...……………..……………

……………………….. ………………………………….………………...

*date signature of Dean’s Office employee*

\* Delete where applicable

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

**Opinion by Deputy Dean for Student Affairs**

I recommend that the fee should be:

□ waived

□ reduced by …………………… PLN.

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

Justification:

No grounds:

□ student is not in a difficult financial situation

□ student has not been issued with a legally binding decision regarding disability / the decision has expired \*

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

□ request was submitted after the deadline

The request contains the following formal deficiencies:

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

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

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

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

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

*date signature of Deputy Dean for Student Affairs*



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

On the basis of § 23 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 hereby waive the fee/reduce the fee by …………………………… PLN\* for ……………………………………………………………………………………………………

………………………………………………………………………………………………………… in the winter/summer semester\* of the academic year 20….. / 20…..

……………………….. ……………………..…………….………………...

*date signature of Vice-Rector for Student Affairs*

\* Delete where applicable