………………………………….., ………………………….

  *place date*

Name and surname: ………………………………………………………………………

Participant number: ……………………………………………………..……………………..

Name of postgraduate studies: ……………………………………………………….

Faculty/ another unit: ……………………………………………………………………

Correspondence address: ……………………………………………………………….

Contact phone number: ..…………………………………………..…………………….

**The competent Vice-Rector for Education**

**Request**

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

I would like to request that the postgraduate study fee be reimbursed due to overpayment/withdrawal from postgraduate studies/removal from the register of postgraduate study participants/payment made to an incorrect bank account number/other\*\* to the amount of:

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

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

I request that the amount in question be reimbursed:

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

- **via bank transfer to bank account number:**

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

 ………………………………….………………...

 *signature of postgraduate study Participant*

**Annotations by administrative personnel for postgraduate studies**

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 individual account of the postgraduate study Participant to the amount

of: …………………………………………………………

 ……………………….. ………………..………….…….……………...

 *date* *signature of administrative employee*

*for postgraduate studies*

**Opinion by head of postgraduate studies**

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

…………………………… PLN\*

……………………….. ……………………..…………….………………...

 *date signature of head of postgraduate studies*

**Decision by competent Vice-Rector for Education**

On the basis of § 11 of the Decree of the Rector of the University of Gdańsk no. \_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_ (date) on the fees collected for education in postgraduate studies offered by the University of Gdańsk and on the conditions and procedures for the waiving of these fees, I give my permission for the fee for postgraduate studies to the amount of …………………………… PLN\* to be reimbursed due to overpayment/withdrawal from postgraduate studies/ removal from the register of postgraduate study participants/ payment made to an incorrect bank account number/ other\*\*: …………………………………… ………………………………………. in the winter/summer\*\* semester of the academic year 20….. / 20….. .

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

 *date signature of competent Vice-Rector for Education*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* request should be accompanied by proof of payment

\*\* delete where applicable