………………………………….., ………………………….

*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 postgraduate study fees to be waived**

I would like to request that the fee for:

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

(*name of postgraduate studies*)

be fully/ partially\* waived in the winter/summer\* semester of the academic year 20….... / 20..….. .

Justification:

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

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

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

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

Attachments:

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

……………………….………………….……...

*signature of postgraduate study Participant*

**Opinion by competent head of postgraduate studies**

I recommend that the fee should be:

□ waived

□ reduced by …………………… PLN.

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

Justification:

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

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

……………………….. ……………..…………….………………...

*date signature of head of postgraduate studies*

**Decision by Vice-Rector for Student Affairs and Education Quality**

On the basis of § 14 of the Decree of the Rector of the University of Gdańsk no. \_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_ (date) on the rules for collecting fees for education in postgraduate studies offered by the University of Gdańsk and on the conditions and procedures for the waiving of these fees, I:

□ waive/ do not waive \* fees

□ reduce fees by …………………………… PLN/ do not reduce fees\* in the winter/summer\* semester of the academic year 20….. / 20…..

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

*date signature of competent Vice-Rector for Education*

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

\* delete where applicable