*Appendix No. 2 to Regulation No. 49/2020 of the Rector of the University of Opole of 18 May 2020*



# **APPLICATION FOR SPREADING IN INSTALMENTS OR EXTENDING THE DEADLINE FOR PAYMENT OF FEES FOR EDUCATIONAL SERVICES PROVIDED BY THE UNIVERSITY OF OPOLE**

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| **APPLICANT:**  (to be filled in by foreigner or student) | | | |
| **NAME AND SURNAME** |  | **STUDY PROGRAMME** |  |
| **ALBUM NUMBER** |  | **YEAR OF STUDIES** |  |
| **ADRESS FOR SERVICE** |  | **STUDY CYCLE\*** | * **FIRST-CYCLE** * **SECOND-CYCLE** * **LONG-CYCLE** |
| **TELEPHONE NUMBER** |  | **FORM OF STUDIES\*** | * **FULL-TIME** * **PART-TIME** |
| **I AM APPLYING FOR A FEE RELIEF FOR EDUCATIONAL SERVICES PROVIDED BY THE UNIVERSITY OF OPOLE FOR:**  (to be filled in by foreigner or student) | | | |
| **TYPE OF FEE\*** | * **PART-TIME STUDUES;** * **REPEATING COURSES DUE TO UNSATISFACTORY ACADEMIC PERFORAMNCE WITHIN THE REPETITION OF A SEMESTER OR CONDITIONAL COMPLETION** * **STUDIES IN A FOREIGN LANGUAGE** * **CLASSES NOT COVERED BY THE PROGRAMME OF STUDY** * **EDUCATION FOR FOREIGNERS ON FULL-TIME PROGRAMMES IN POLISH** | | |
| **TYPE OF RELIEF\*** | * **PAYMENT IN INSTALLMENTS** * **DEADLINE EXTENSION OF FEES PAYMENT** | | |
| **FOR ACADEMIC YEAR\*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**GROUNDS**

(to be filled in by foreigner or student)

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Date and (foreign) student's signature

**Attachments:**

**1)**

**2)**

**3)**

**4)**

**5)**

|  |  |  |
| --- | --- | --- |
| **DEAN’S OPINION**  (to be filled in by Dean's Office\*, Office for Academic and Student Affairs\*\*, and Dean\*\*\*) | | |
| **STUDENT’S STATUS ON THE DAY OF APPLICATION SUBMISSION\*** |  | (date and signature) |
| **THE AMOUNT OF THE FEE TO WHICH THE APPLICATION RELATES\*** |  | (date and signature) |
| **GRADE AVERAGE FOR THE ACADEMIC YEAR PRECEDING THE YEAR IN WHICH THE STUDENT OR FOREIGNER APPLIES FOR EXEMPTION\*** |  | (date and signature) |
|  | * **SOCIAL** |  |
|  | **SCHOLARSHIP -** |  |
|  | * **SCHOLARSHIP FOR** |  |
|  | **PERSONS** |  |
| **INCOME PER PERSON IN THE FAMILY OF A STUDENT OR A FOREIGNER\*\*** | **WITH DISABILITIES -**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (date and signature) |
|  | * **SPECIAL ALLOWANCE -** |  |
|  | * **RECTOR’S SCHOLARSHIP** |  |
|  | **SCHOLARSHIP -** |  |
| **TOTAL AMOUNT OF ALLOCATED MATERIAL SUPPORT\*\*** |  | (date and signature) |
| **OTHER\*\*** |  | (date and signature) |

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Date and Dean’s signature)