*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)**

|  |
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| **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)