*Appendix No. 1 to Regulation No. 49/2020 of the Rector of the University of Opole of 18 May 2020*



# **APPLICATION FOR EXEMPTION FROM 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**
 |
| **PHONE NUMBER** |  | **FORM OF STUDIES\*** | * **FULL-TIME**
* **PART-TIME**
 |
| **I APPLY FOR EXEMPTION FROM TUITION FEES FOR:**(to be filled in by foreigner or student) |
| **TYPE OF FEE\*** | * **PART-TIME STUDIES**
* **REPEATING COURSES DUE TO UNSATISFACTORY ACADEMIC PERFORAMNCE WITHIN THE REPETITION OF A SEMESTER OR CONDITIONAL COMPLETION**
* **STUDIES IN A FOREIGN LANGUAGE**
* **COURSES NOT COVERED BY THE PROGRAMME OF STUDY**
* **EDUCATION FOR FOREIGNERS ON FULL-TIME PROGRAMMES IN POLISH**
 |
| **TYPE OF EXEMPTION\*** | * **IN FULL**
* **IN PART**
 |
| **FOR ACADEMIC YEAR\*** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **GROUNDS**(to be filled in by foreigner or student) |

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Date and foreigner’s or student's signature

**Attachments:**

**1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **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) |
| **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 WITH WITHDISABLED****PERSONS** |  |
| **INCOME PER PERSON IN THE FAMILY OF A STUDENT OR FOREIGNER\*\*** | **DISABILITIES -**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |  (date and signature) |
|  | * **SPECIAL ALLOWANCE -**
 |  |
|  | * **RECTOR’S SCHOLARSHP RECTOR’SsCSCHOLARSHIP**
 |  |
|  | **SCHOLARSHIP -** |  |
| **TOTAL AMOUNT OF ALLOCATED MATERIAL ASSISTANCE\*\*** |  | (date and signature) |
| **OTHER\*\*** |  | (date and signature) |

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(date and Dean’s signature)