*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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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) | | | |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

………………………………………………………….

Date and foreigner’s or student's signature

**Attachments:**

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

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

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

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

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

|  |  |  |
| --- | --- | --- |
| **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) |

………………………………………………………….

(date and Dean’s signature)