

Wrocław, date ……..………………

Name and surname: ……………………………

Student number: ………………………………..

Faculty: ………………………………………………

Field of study:……………………………………..

Year, semester:…………………………………..

Level of studies:…………………………………..

Vice-Rector for Cooperation

**Prof. dr hab. inż. Dariusz Łydżba**

**Wroclaw University of Science and Technology**

**Request for payment: in installments**  **reduction fee**  **deferral of payment**  ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

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Student’s signature

the Dean Office’s opinion\*

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The Dean’s Office Representative’s signature

the Dean’s opinion

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Disagreement

Agreement to payment in: 2 installments  3 installments 4 installments

Reduction of fee for current semester ……………….%

Deferral of payment up to 2 months from the start of the semester

………………………………………..

Dean’s signature

\*If applicable

… To be filled in only by WUST Officer

International Relations Office’s (IRO) opinion

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number of installments | Amount | Number of installments | Amount | Number of installments | Amount |
| I installment (till 15.03.) |  | I installment (till 15.03.) |  | I installment (till 15.03.) |  |
| II installment ( till 15.05.)\*\* |  | II installment ( till 15.04.) |  | II installment ( till 15.04.) |  |
|  |  | III installment ( till 15.05.)\*\* |  | III installment ( till 15.05.) |  |
|  |  |  |  | IV installment ( till 15.06.)\*\* |  |

………………………………………..

IRO’s signature

Vice-Rector’s opinion

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………………………………………..

Vice-Rectos’s signature

\*If applicable

\*\* for the final semester of study, no later than 2 weeks before the defense

… To be filled out only by WUST Officer