ATTACHMENT NO 1

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First name | | | | | Album no | |
| Last name | | | | Parents names | | |
| Programme of study | Date of birth | | | PESEL no/passport no | | |
| Year of study\* (in the academic year in which the student applies for the financial benefit)   I II III IV V VI | | | System of studies\*: full-time   part-time | | | |
| Study mode\*: Bachelor’s Master’s long-cycle Master’s studies | | | | | | |
| Address  ……………………….......................................................................................................................................... - ……………..……………………………………..……… | | | | | | |
| phone no …………………………………………………………………………  e-mail………………………………………………...………………………………..... | | Citizenship ………………………………………………………….……………… | | | |  |

**Appeal to the Scholarship Appeals Committee**

I kindly request that you reconsider the application for\*:   
 Rector's scholarship  
 scholarship for persons with disabilities  
 financial aid

JUSTIFICATION  
………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

………………………………………  
 date and student's signature

\*mark appropriate

Students Scholarship Office employee notes  
income: …………………….………..   
scholarship for persons with disabilities. ….………………. Rector's scholarship: ………………….……..   
Scholarship Committee financial aid…………………….…. Scholarship Appeals Committee   
 financial aid……………………………………