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……………………………………