ATTACHMENT NO 10

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First name | | | | | Album no | | |
| Last name | Parents names | | | | | Date of birth | |
| Programme of study | | | | 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 ………………………………………………………….……………… | | | | |  |

**P**

**Please transfer the awarded cash benefit to my account number**

**Nr account number:**

**Application to the Scholarship Committee for the Rector's scholarship for an academic year 20..../20....**

***I. I hereby apply for the RECTOR'S SCHOLARSHIP on the basis of:***

* OUTSTANDING ACADEMIC RESULTS (AVERAGE GRADE – 4.00 and above),
* ACADEMIC ACHIEVEMENTS – for justification, see Attachment 10b
* ARTISTIC ACHIEVEMENTS – for justification, see Attachment 10c
* SPORTS RESULTS – for justification, see Attachment 10d
* winning the title of laureate or finalist of an international competition, laureate or finalist of a national competition, medallist in at least one sports competition for the title of Polish Champion – for justification, see Attachment 10a

**OUTSTANDING ACADEMIC RESULTS** – does not apply to students applying for the Rector's scholarship on the basis of Attachment no 10a.

|  |  |  |  |
| --- | --- | --- | --- |
| Dean's Office employee notes | | | Number of points obtained (based on attachment no. 11) |
| The average grade obtained in the previous year of study calculated in accordance with the current study regulations by an employee of the Dean's office |  | ………………..………………………  date, stamp and signature of Dean’s Office employee |  |
| Timely completion of subjects (in accordance with the study regulations) | yes / no |
| Conditional passing of the semester | yes / no |
| Student on a leave | yes / no |
| Student returning from a leave | yes / no |

…………………………………

Date and student’s signature

**STATEMENT**

Aware of the criminal liability for the offence specified in Article 286 of the Act of 6 June 1997, the Criminal Code – ‘Whoever, for the purpose of obtaining financial gain, causes another person to dispose of their own or another person's property to their disadvantage by misleading them or exploiting their error or inability to properly understand the action taken, shall be subject to imprisonment for a term of between 6 months and 8 years’ – Article 233 § 1 in conjunction with § 6 and disciplinary liability under Article 307 of the Act of 20 July 2018 on Higher Education and Science, I declare that: the documents attached to the application confirming the achievement in question are true and complete. The publications I have submitted have not been previously listed when applying for the rector's scholarship, I have read the applicable regulations for benefits for students of the University of Life Sciences in Lublin,   
I am not applying and will not apply for the Rector's scholarship in another field/programme of study.   
  
**LIST OF PROGRAMMES STUDIED AS OF THE DATE OF APPLICATION**  
**enter all programmes of study studied: started studies (including the programme of study in which the student applies for a scholarship), uncompleted programmes, completed studies and the period of study**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| UNIVERSITY | PROGRAMME\* | PERIOD OF STUDY | | COMPLETED STUDIES | |
| FROM | TO | NO | YES  COMPLETION DATE |
| University of Life Sciences in Lublin | programme of study in which the student applies for the Rector's scholarship  …………………………………………………………  Bachelor’s Master’s  long-cycle Master’s programme | …….…….  month, year |  |  |  |
| …………………………………………. | …………………………………………………………  Bachelor’s Master’s  long-cycle Master’s programme | .…………..  month, year | ……….…..  month, year |  | …………………..  month, year |
| …………………………………………. | …………………………………………………………  Bachelor’s Master’s  long-cycle Master’s programme | .…………..  month, year | ……….…..  month, year |  | …………………..  month,  year |
| …………………………………………. | …………………………………………………………  Bachelor’s Master’s  long-cycle Master’s programme | ……………  month,  year | ……….…..  month,  year |  | …………………..  month,  year |
| …………………………………………. | …………………………………………………………  Bachelor’s Master’s  long-cycle Master’s programme | …………...  month,  year | ……….…..  month,  year |  | …………………..  month,  year |

In addition, I agree to deduct unduly collected benefits from the scholarships received and undertake to repay the unduly collected benefits. The following are regarded as unduly collected benefits: a material support benefit paid out despite the occurrence of circumstances causing the termination or suspension of the right to material support benefits and benefits awarded or paid out on the basis of false statements or documents or in other cases of deliberate misrepresentation by the student.

Pursuant to Art. 13 of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data – general regulation on data protection (Journal of Laws UE L 119/1 of May 4 2016), the University of Life Sciences informs that:  
1. The administrator of your personal data is the University of Life Sciences in Lublin, 13 Akademicka Street, 20-950 Lublin, represented by the Rector.  
2. The University of Life Sciences has appointed a Data Protection Supervisor. The Supervisor can be contacted by e-mail: anna.buchlinska@up.lublin.pl,   
at telephone number 814456012 or directly at 13 Akademicka Street, 20-950 Lublin room no. 474 C.  
3. Your personal data will be processed solely for the purpose of documenting the award of the Rector's scholarship and will not be shared with other recipients.  
4.The provision of data is voluntary, but necessary for the processing of the application and the award of the Rector's scholarship.  
5. You have the following rights in accordance with the General Data Protection Regulation: the right to access your data and to receive a copy of it; the right to rectify and supplement your data; the right to erase personal data or to restrict processing only if the processing does not take place in order to comply with an obligation under the law; the right to obtain information; and the right to lodge a complaint with the President of the Office for Personal Data Protection (to the address of the   
Office for Personal Data Protection, 2 Stawki Street, 00-193 Warsaw);  
I, the undersigned, consent to the Administrator processing my personal data contained in the submitted documentation for the purpose of the Rector's scholarship award procedure.  
The Administrator informs that this consent may be withdrawn at any time and the withdrawal of consent does not affect the lawfulness of the processing carried out on the basis of this consent before its withdrawal.   
 …………………………………  
 Date and student's signature  
 \*mark appropriate

NUMBER OF POINTS OBTAINED

|  |  |  |
| --- | --- | --- |
| I. | OUTSTANDING ACADEMIC RESULTS |  |
| II. | SCIENTIFIC ACHIEVEMENTS |  |
| III. | ARTISTIC ACHIEVEMENTS |  |
| IV. | SPORTS ACHIEVEMENTS |  |
| V. | ACHIEVEMENTS OF FIRST-YEAR STUDENTS IN BACHELOR’S STUDIES AND LONG-CYCLE MASTER'S STUDIES |  |
|  | TOTAL NUMBER OF POINTS REQUIRED TO QUALIFY FOR THE RECTOR'S SCHOLARSHIP |  |

…………………………………

stamp and signature of the Chair of the Scholarship Committee

Students Scholarship Office employee notes

Formally verified \*:

1. application submitted to the Scholarship Committee

2. formal deficiencies were found:

– the student's application has been referred for improvement

– the student was asked to immediately rectify the formal deficiencies:

in person, on the day of ..………………….  
by telephone, on the day of. ………………  
by e-mail, on the day of. …………………...

3. the proceedings were discontinued due to failure to meet the requirements of §19(1) of the Regulations on benefits for students.

…………………………………………………………………..  
 date and signature of the Students Scholarship Office employee

\* delete where inapplicable