1398040000.4427.4.

attachment 1 to the Order No. 40 of the Rector of the University of Lodz of November 9, 2020

………………. ………………

(place and date)

Data of the student / participant of doctoral studies \*:

…………………………………………………

 *(name of the faculty of the University of Lodz)*

Field of study/speciality\* ................................................

Year of studies………………………………………………………….

Form of studies: full-time studies/part-time studies\*

Student’s name and surname .........................................

Student’s album number...................................................

Mailing adress...................................................................

**The application concerns a semester / year \*** …………………………….

**­­­­­­­­­­­­­­­­­­­­­** …………………….……………………………………………………………

(the dean of the University of Lodz to whom the application is addressed)

**Application for a reduction in tuition fees**

I apply for

1. partial fee waiver \*
2. deferral of the payment deadline \*
3. another form of fee reduction \* :………………………………………………………………………….

Application’s justification:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 (student’s/participant’s of doctoral studies signature)

Attachments: ............................................................

 ............................................................

To be completed by the dean's office:

Date of study’s beginning ........................... Last completed semester / year \* .....................................

Average grade for studies ........................ Average grade for the last semester / year \* ........................

Remarks ..................................................................................................................................................

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

 (stamp and signature of the dean’s office employee)

\* niepotrzebne skreślić