*Application received by DUR Manager on*: ............................... *stamp and signature of person accepting the application* ...............

# Application

# To the Vice-Rector for Student Affairs and Education Regarding the cancellation of fees for accommodation at the DORMITORIES OF University of Rzeszow

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Data of the Student** | | | | | | | | | | | | | |
| **Surname and first name** |  | | | | PESEL: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | Index book no: | |  | year of study: |  |
| College: |  | | | Field of study: | |  | | | | Form of study | | * Full-time * extramural | |
| Type of study | **BA/BSC** | * 3 years * 3.5 - year old | | **MA/MSc** | | | * 2 years * 1.5 years | | | * Uniform master’s | | * Post-graduate | |
| Address of permanent residence: |  | | Mailing address: | | | |  | | | citizenship | |  | |
| Email address: | | | | | | | | phone: | | | | | |

I DECLARE THAT I HAVE A VALID DECISION ON THE GRANTING OF AN ALLOWANCE IN ACADEMIC YEAR OF. 20....../20......, DUE TO A TEMPORARY DIFFICULT LIFE SITUATION, IN CONNECTION WITH THIS **I ASK FOR WAIVER OF ACCOMMODATION FEES IN THE DUR (***name of DORMITORY.)***: .**............................................................................................................. **in the period from .......................... to ................................ :**

**I justify my request:** .....................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

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*date and signature of student*

**NOTE ! The application should be submitted to the Manager of the relevant dormitory.**

**II. Attachments attached to the application, confirming the difficult life situation:**

1. a copy of the decision on granting the allowance

2. ...............................................................................

3. ...............................................................................

4. ...............................................................................

5. .................................................................................

6. ..................................................................................

7. .................................................................................

8. .................................................................................

**III. Opinion of the DUR Manager on the** applicant residing in the Student House

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*signature and stamp of the Manager*

**IV. Decision of the Vice Chancellor for Student Affairs and Education:**

* I do not agree to the requested waiver of the accommodation fee,
* I agree to waive the DS.................. accommodation fee of .............................. % in the   
  period from .......................... to ...........................

*......................................................*

*signature and stamp of the Vice-Chancellor*