Kraków, on …………………………. (date)

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

Full-time / Part-time studies

Field of study/study major………………………………………………………

Year ........... , semester ..............., cycle .....................

No. of Student album/register …………………………………………………

Contact phone number ………………………………………………………………

Address for correspondence ………………………………………………………

**Rector’s Representative**

**Krakow University of Economics**

I wish to kindly request a waiver of tuition fees for the semester ……. of the academic year 20…./…....

I justify my request as follows: ………………………………………...........................……………………………

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

…………………………………

Student’s signature

Appendices:

Certificate from the Unit coordinating the study abroad mobility

Opinion issued by the Unit for Student Accounts and Settlements

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

Decision by the Rector’s Representative

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

.…………………………………….

Signature of the Rector’s Representative