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 kindly request the reimbursement of the overpayment I made to the individual bank account of the Universty.

The number of bank account in Polish currency (PLN), to which the reimbursement should be made, is given below:

……………………………………………………………………………………………….

………………………….…………….

Student’s signature