



UNIwersYTET MEDYCZNY
IM. PIASTÓW ŚLĄSKICH WE WROCLAWIU

Wrocław, _____

Full name:

address

PESEL (Personal Identification Number)*

telephone and e-mail

Admission Board
of the Wrocław Medical University
at the Faculty of _____

for the course of study _____

Mode of studies: full-time/part-time**

level: long-cycle / first-cycle /

second-cycle**

Request for reimbursement of application fees

I request a refund of the fee paid on in the amount of PLN (say:.....
.....)

for participation in the application process due to:**

- 1) failure to launch a course of study,
- 2) underpayment,
- 3) overpayment,
- 4) payment of the application fee after the date specified in the admission schedule.

Please transfer the refund of the application fee to the bank account number indicated below
belonging to.....

(name and surname of the bank account owner)

□□ □□□□ □□□□ □□□□ □□□□ □□□□ □□□□ □□□□

Note: The amount of the reimbursement will be reduced by the costs referred to in Art 2 (5) of the Regulations.

Attachments: proof of payment of the application fee.

Date and legible signature of the candidate

NOTE The application must be submitted to the Admission Board by 30 October this year.

To be completed by the Admission Board:

(date of receipt of the application)

Application: granted/refused**

Justification: _____

(date and signature of the Admission Board member)

(date of referring the application
to the financial department)

* in the absence of a PESEL number, please provide the details of the document confirming the identity: name, series and number of the document and the country of issue

**delete as appropriate