……………… ………………
(place and date)

Details of the student/PhD student*:

……………………………………………………
(name of the Faculty of the University of Lodz)

Field of study/scope of PhD studies*: ....
Year of study: ……………………….
Mode of studies: full-time/part-time*
First name and family name: ....

Student identification no.: ....

Mailing address: ....

……………………………………………………………………
This request concerns the ……………………………. **term/year ***

……………………………………………………………………
(the Dean to whom this request is issued)

Request for reduced fees for classes

I request

1. part of fee reduced*
2. fee due date deferred*
3. another type of fee reduction*: ………..…………………………………………………….

Statement of reasons:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

....
(signature of the student/PhD student)

Attachments: ....
....

Study commencement date .... Last term/year completed* ....

Average grade from studies........................ Average of grades in the last term/year* ....

Notes ....

....
(stamp and signature
of the dean's office employee)

* Cross out whichever does not apply