Application for a change of the form of financing the studies

Name:				
Surname:				
Field of studies:				
Level of studies:	☐ first-cycle	□ second-cycl	e [long-cycle
Faculty:				
Student ID number:				
Telephone:		E-mail:		
PART 1 APPLICAT	TION FOR A CHANGE OF FINA	ANCING		
Due to: grant of citi Trade Assoc person and s grant of person grant of terr Act of 12 D obtaining a the Republic obtaining at on Polish la obtaining a Act of 12 E mobility une scientific res obtaining a I hereby apply for a ce	zenship of a Member State of the ciation (EFTA) – party of the agree staying on the territory of the Repulmanent residence permit/European approary residence permit due to circecember 2013 on foreigners (i.e.: Eurefugee status granted in the Repulce of Poland; least C1 level Polish as a foreign I anguage (Dz. U. of 2018 item 931); e Card of the Pole (Karta Polaka)/d spouse status, Polish citizen in the attemporary residence permit due to December 2013 on foreigners, or state the conditions determined in the search or development, decision of the head of the Polish Minister's decission;	European Union, ment on the Europolic of Poland; Union long-term recumstances referred by 2.U. of 2018 item polic of Poland/usin anguage certificate decision on declarate ascending or describe circumstances raying on the territe Art. 156b section and Agency Futudies starting from the Europe process.	resident status; ed to in Art. 159 s 2094 as amended g a temporary pro e referred to in the ation of Polish original line, and lives referred to in the tory of the Repubrical of this act or processing the processing of the Academic Exchange the state of the tory of the Repubrical line, and the line line line line line line line lin	tection or subsidiary protection on the teritory of Art. 11a section 2 of the Act of 7 October 1999 (in; Pring on the territory of the Republic of Poland; Art. 151 section 1 or Art. 151b section 1 of the lic of Poland due to the short-term researcher's possession of a national visa for the purpose of a
				Signature of the applicant
	I con	firm the receipt of	the application:	Date of the receipt and signature of the recipient
I confirm that t	he document submitted by the appl constitute grounds* for a change of			Date and signature of the verifier
	Acceptance of the Vi	ce-Rector for Edu	cational Affairs:	Signature

PART 2. APPLICATION FOR A REFUND OF THE WHOLE/PART OF THE FEES¹ FOR EDUCATIONAL SERVICES

To be filled by the APPLICANT					
I declare that I <i>have/have not</i> * paid for the educational services therefore, I <i>apply/do not apply</i> * for a refund of the fees. Simultaneously, I declare that I am responsible for the effects of an incorrect declaration regarding fees payment that I have made.					
Signature of the verifier Signature of the applicant					
DETAILS FOR A REFUND important: to be filled by the persons who have paid for the educational services					
 I accept that the Jagiellonian University refunds the fees to the bank account number from which the fees have been paid and the refund of the paid fees to this bank account number. 					
Signature of the applicant					
OR					
2) I declare that the bank account number from which the fees have been paid was closed/belongs to a financial intermediary*, that is why I kindly ask for a refund of the funds to the bank account number below. Simultaneously, I declare that I am fully responsible for the effects of the payment of the funds to the bank account number below and in case of any claims against the Jagiellonian University in Kraków due to the payment to the provided bank account number I hereby undertake to absolve the Jagiellonian University in Kraków from responsibility for the payment and all its consequences (including potential costs of penalty payment, costs of mediation and legal costs). Data of the bank account holder:					
Name of the bank:					
A. POLISH bank account number					
OR					
B. FOREIGN bank account number important: part 2.2.B to be filled by the individuals without POLISH bank account number					
SWIFT/BIC: Account currency: □ PLN □ other:					
Signature of the applicant					
To be filled by the EMPLOYEE of the unit responsible for conducting the studies					
Person SAP FICA number:					
Amount of the refund: Currency: \square PLN \square other:					
Signature of the employee of the applicant's unit Signature of the employee of the Dean/Head of the unit					
Signature of the employee of the Department of Finance Signature of the Bursar					

¹ The full refund of the fees applies to the persons whose applications for a refund were submitted to the unit responsible for cunducting the studies until the beginning of education. In case of students whose applications were submitted to the unit after the beginning of education the amount of the refund will be calculated by the unit responsible for conducting the studies proportionally to the classes conducted.

* delete as not appropriate