Appendix No. 3 to Appendix No. 1 to Order No. 191/2025 of the Rector of the Medical University of Warsaw of	
	Warsaw,
Student's name and surname	
Student's number	received by the dean's office on
Field and year of studies	
APPLICATION for fee refund I apply for a refund of the fee paid for the year of study for:* • education in part-time studies, • education in a foreign language • education of foreigners in full-time studies in Polish, • repeating classes due to unsatisfactory learning results, • classes not included in the study plan, •	
DEAN'S DECISION	
I agree / I don't agree* for fee refund. The fee to be refunded is	
	date,stamp and signature of the Dean

^{*} delete as appropriate