of the Rector of the Medical Univer	sity of Warsaw of25.09.2025
	Warsaw, ,
Student's name and surname	
Student's number	received by the dean's office on
Field and year of study	
APPLICATION for fee exemption I apply for partial fee exemption on theyear o	of studies for:*
 education in part-time studies, education in a foreign language education of foreigners in full-time studies in Pobecause: 	
List of courses (in the case of repeating classes or classes not 1	included in the study plan)
3	
List of attached documents:	
1 2	
DEAN'S DECISION	N
I agree / Idon't agree* for fee exemption in amount of . words:	
 d	late, stamp and signature of the Dean

Appendix No. 2 to Appendix No. 1 to Order No. 191/2025

^{*} delete as applicable
** complete if the decision is issued after October 15, in other cases, delete