of the Rector of the Medical University of Warsaw of 26,11,2024	
	Warsaw, ,
Student's name and surname	
Student's number	Received by the dean's office on
Field and year of study	
APPLICATION APPLIC	e exemption
<ul><li>education in English,</li><li>education of foreigners in full-time studi</li><li>because:</li></ul>	es in Polish,
List of attached documents:	
1 2	
DEAN'S	DECISION
I agree / Idon't agree* for partial fee exemption set the payment date for	in amount of % of the annual tuition fee and I **
	Date, stamp and signature of the Dean
Calculation of the amount to be paid:	
	).
	date, stamp and signature of the

Appendix No. 2 to Appendix No. 1 to Order No. ......239/2024

dean's office employee
\* delete as applicable \*\* complete if the decision is issued after October 15, in other cases, delete