oft	Appendix No. 3 to Appendix No. 1 to Order No he Rector of the Medical University of Warsaw of26.11.2	239 /2024 024
o, u	Warsaw,	M4-T
	waisaw,	
Student's name and surname		
Student's number	Received by the office on	
Field and year of studies		
	APPLICATION for fee refund	
I apply for a refund of the fee paid for	r the year/semester of study for:*	
• education in part-time studies,		
education in English,education of foreigners in full-time	studies in Polish.	
• repeating classes due to unsatisfacto		
• classes not included in the study pla	n,	
•because of: *		
• failure to study,		
• being on dean's or health leave,		
• resignation from studies,		
removal from studies,transfer to another field of study.		
•	return the fee to the bank account number below	
		• • • • • • • • • • • • • • • • • • • •
	DEAN'S DECISION	
Calculation of the fee for refund :		
		,
	date, stamp and signature of office employee	the dean's
I agree / I don't agree* for fee refund. The fee to be refunded		
	LIN LORO (III WOIUS.	
).	
* delete as appropriate	date, stamp and sig	gnature

of the Dean