*Appendix No. 1 to Regulation 49/2020*

*of the Rector of the University of Opole of May 18, 2020[[1]](#footnote-1)*

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**APPLICATION FOR EXEMPTION FROM TUITION FEES**

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| **APPLICANT:**  (to be filled in by (foreign) student) | | | |
| **FULL NAME** |  | **STUDY PROGRAMME** |  |
| **STUDENT NUMBER** |  | **YEAR OF STUDIES** |  |
| **ADDRESS FOR SERVICE** |  | **STUDY CYCLE\*** | * **FIRST-CYCLE PROGRAMME** * **SECOND-CYCLE PROGRAMME** * **LONG-CYCLE PROGRAMME** |
| **PHONE NUMBER** |  | **FORM OF STUDIES\*** | * **FULL-TIME** * **PART-TIME** |
| **I AM APPLYING FOR EXEMPTION FROM TUITION FEES FOR:**  (to be filled in by (foreign) student) | | | |
| **TYPE OF FEE\*** | * **PART-TIME STUDIES** * **REPETITON OF COURSES DUE TO UNSATISFACTORY ACADEMIC PERFORAMNCE WITHIN THE REPETITION OF A SEMESTER OR CONDITIONAL ENTRY** * **STUDIES IN A FOREIGN LANGUAGE** * **PARTICIPATION IN COURSES NOT COVERED BY THE STUDY CURRICULUM** * **EDUCATION OF FOREIGNERS ON FULL-TIME PROGRAMMES IN POLISH** | | |
| **TYPE OF EXEMPTION\*** | * **TOTAL** * **PARTIAL** | | |
| **FOR THE ACADEMIC YEAR\*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **JUSTIFICATION**  (to be filled in by (foreign) student) | | | | |
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Date and foreigner’s/student's signature

**Attachments:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **OPINION**  (to be filled in by Dean's Office\*, Office of Student Affairs\*\*, and Dean\*\*\*) | | |
| **STUDENT’S STATUS ON THE DAY OF SUBMITTING APPLICATION** |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date and signature) |
| **THE AMOUNT OF THE FEE TO WHICH THE APPLICATION RELATES\*** |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date and signature) |
| **AVERAGE GRADE OBTAINED FOR THE ACADEMIC YEAR PRECEDING THE YEAR IN WHICH THE STUDENT OR FOREIGNER APPLIES FOR EXEMPTION\*** |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date and signature) |
| **INCOME PER PERSON IN THE FAMILY OF A STUDENT OR FOREIGNER\*\*** | * **MAINTENANCE GRANT -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **SCHOLARSHIP FOR PERSONS WITH DISABILITIES - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **EMERGENCY AID - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **RECTOR’S SCHOLARSHIP - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date and signature) |
| **TOTAL AMOUNT OF ALLOCATED MATERIAL SUPPORT\*\*** |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date and signature) |
| **OTHER\*\*\*** |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date and signature) |

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(Date and Dean’s signature)

\* to be filled in by Dean’s Office

\*\* to be filled in by Office of Student Affairs

\*\*\* to be filled in by Dean

1. As amended by Section 1(3) of Regulation No. 30/2025 of April 07, 2025 on amending and issuing the consolidated text of Regulation No. 49/2020 of May 18, 2020 of the Rector of the University of Opole on exemption from tuition and other fees collected by the University of Opole. [↑](#footnote-ref-1)