Appendix no. 1 to the University of Lodz Rector’s Order no. 24 of 28.10.2019

……………….………………

(location and date)

Data of the student/doctoral student\*:

…………………………………………………

(name of the faculty of the University of Lodz)

Programme of studies/scope of doctoral studies\* ............................................

Year of studies ………………………….

Form of studies: full-time/part-time\*

First name and surname ...............................................................................................

register number .................................

Correspondence address ....................................................................................

………………………………………………………………

**Application concerns semester/year \*** …………………………….

**­­­­­­­­­­­­­­­­­­­­­** ………………………………………………………

 (Dean of the University of Lodz who the application is submitted to)

**Application for an allowance in fees for didactic classes**

I hereby apply for

1. exemption from a part of the fee\*
2. postponement of the payment date\*
3. other form of allowance\*: ………………………………………………………………………….

Justification:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 .................................................

 (signature of the student/doctoral student)

Appendixes: ............................................................

 ............................................................

Filled in by the Dean’s Office:

Year of starting studies ........................... Last completed semester/year\* ...............................

Studies’ grade point average ........................ Last semester/year\* grade point average ........................

Notes ...........................................................................................................................................

 ..........................................................

 (seal and signature of the Dean’s Office employee)

Opinion of the representative of the (Doctoral) Students’ Government

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

………………………………..

(signature of the representative of the (Doctoral) Students’ Government)

\* delete as appropriate

Appendix no. 2 to the University of Lodz Rector’s Order no. 24 of 28.10.2019

Rector of the University of Lodz

90-136 Lodz, 68 Narutowicza Street

............................................................

 (location and date)

……………………………………………..

(seal of the faculty of the University of Lodz)

....................................................................

(first name and surname)

student/doctoral student at\*

…………. semester/year

at faculty/in the scope of\* ………………………….. ,

…………………………………………………

 (name of the faculty of the University of Lodz)

register number .....................

**DECISION**

On the grounds of: Article 104 and Article 107 of the Act of 14 June 1960 the Code of Administrative Procedure (consolidated text of the Journal of Laws of 2018, item 2096, as amended) and par. 4 subpar. 10 and \*\* par. 7 subpar. 1 of the Resolution of the Senate of the University of Lodz no. 416 of 15 April 2019 on the rules of payment for educational services at the University of Lodz

I hereby grant / do not grant\* the allowance / allowances\* in fees for didactic classes:

............................................................................................................................................................................................................................................................................................................................................................................................ (form of allowance)

Justification:

............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

*The justification should include a justified assessment of facts described in the application, in the light of binding legal provisions, and indication of the relation between this assessment and the contents of the settlement (explanation of the reasons for the settlement).*

Instruction:

This decision can be appealed to the Rector of the University of Lodz for re-considering the case within 14 days as of serving it. The appeal is lodged through the agency of the Dean of the University of Lodz, who has issued this decision.

 under a mandate of the Rector of the University of Lodz

...............................................

 (signature and seal of the Dean)

The decision was served on …………………… ..............................................………

 (signature of the student/doctoral student)

\* delete as appropriate

\*\* in case the decision does not concern consent to pay the fee for retaking certain classes or classes not covered by the schedule in instalments, or individual schedule and determining terms and amounts of instalments, the phrase: ‘par. 4 subpar. 10 and’ should be struck off.