Opole, *(fill in!)……………*

|  |  |
| --- | --- |
| Forename and surname: | *(fill in!)* |
| Student registration number: | *(fill in!)* |
| Year and field of study: | *(fill in!)* |
| Telephone number: | *(fill in!)* |
| E-mail address: | *(fill in!)* |

dr hab. Adam Drosik, professor of the University of Opole

Dean of the Faculty of Political Science

and Social Communication

**APPLICATION FOR REIMBURSEMENT OF TUITION FEES**

In connection with

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

I hereby request a reimbursement of the tuition fees for semester ........ in the academic year …………/…………… after deducting a part of the fees calculated proportionally to the number of classes held in the semester in accordance with the study plan.

I attach a confirmation of payment of the tuition fees to this application form.The data for the reimbursement of the fees are provided below. At the same time, I agree to cover the costs of the commission on the paid amount.

|  |  |
| --- | --- |
| Bank account holder: | *(fill in!)* |
| Address: | *(fill in!)* |
| Name of bank: | *(fill in!)* |
| Address of bank: | *(fill in!)* |
| Account no.: | *(fill in!)* |
| Currency: | *(fill in!)* |
| SWIFT\* code: | *(fill in!)* |

\**Optional for foreign account*

Respectfully yours

*(fill in!)*……………………………………