

Wrocław, date ……..………………

Name and surname: ……………………………

Student number: ………………………………..

Faculty: ………………………………………………

Field of study:……………………………………..

Year, semester:…………………………………..

Level of studies:…………………………………..

Vice-Rector for Cooperation

**Prof. dr hab. inż. Dariusz Łydżba**

**Wroclaw University of Science and Technology**

**Request for payment in Installments**

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Student’s signature

the Dean Office’s opinion\*

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The Dean’s Office Representative’s signature

the Dean’s opinion

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Disagreement/

Agreement to payment\*\* in: 2 installments  3 installments 4 installments

………………………………………..

Dean’s signature

\*If applicable

\*\*Cross out the inappropriate

… To be filled in only by WUST Officer

International Relations Office’s (IRO) opinion

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number of installments | Amount | Number of installments | Amount | Number of installments | Amount |
| I installment (till 15.10.) |  | I installment (till 15.10.) |  | I installment (till 15.10.) |  |
| II installment ( till 15.12.) |  | II installment ( till 15.11.) |  | II installment ( till 15.11.) |  |
|  |  | III installment ( till 15.12.) |  | III installment ( till 15.12.) |  |
|  |  |  |  | IV installment ( till 15.01.) |  |

………………………………………..

IRO’s signature

Vice-Rector’s opinion

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Vice-Rectos’s signature

… To be filled out only by WUST Officer