



**APPLICATION
FOR AN AMENDMENT OF A DECISION
IN ACADEMIC YEAR 2023/2024**

I: STUDENT'S PERSONAL INFORMATION

Surname and Name: _____ Student Book #:

--	--	--	--	--	--

Faculty: _____

Field of Study: _____

Profile: _____ Year of Study: _____

Studies: Full Time Part Time I° II° Uniform Master's

Address for Correspondence: _____ - _____

II: AFFIDAVIT ON BENEFIT PROCEEDINGS IN ACADEMIC YEAR 2023/2024

I hereby request an amendment of a scholarship decision No.

issued on the day of due to*:

- loss of income;**
- gain of income;**
- change in the family composition;**
- loss of the entitlement to an increase of financial assistance scholarship;**
- change of the qualification of the level of disability;**
- award of scholarship at other universities or faculties.**

*Select the applicable

III: APPLICATION DOCUMENTATION *(in Polish only)* *Filled out by Applicant*

List of annexes (It is mandatory to attach to each application a general statement with the reason for the change of decision):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

I am aware of the criminal liability for making a false statement (Act of November 28, 2003 on family benefits (*Journal of Law of 2023, Item 390, as amended*)).

- The data I have provided in the application are factually correct;
- The certificates (statements) I have submitted document all the circumstances affecting the change of decision.

Place, Date

Student's signature

IV: TO BE COMPLETED BY A UNIVERSITY EMPLOYEE

NOTES:

Date, US Employee's stamp and signature