**REQUEST FOR A CHANGE OF THE TERMS OF PAYMENT FOR STUDY**

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| --- | --- | --- | --- |
| **Surname, first name:** |  | **Programme /****principal field of study:** |  |
| **Permanent home address:** |  | **Cycle and year of study** | Cycle of study:First-cycle/second-cycle/full-cycle\* | Year of study: |
| **Student Register No:** |  | **Form of study:** | full-time/extramural\* |

**Dr hab. Ewa Bogacz-Wojtanowska, JU Professor**

**Dean of the Faculty of Management and Social Communication
of the Jagiellonian University in Kraków**

through

**...................................................................**

**Head of the Institute................................/Department Head**

I hereby request a change of the terms of payment for my programme of study in .............................................................

in the winter/summer\* semester of the 20...../20.....academic year.

I propose the following arrangement:

* deferral of the due date of the entire amount owed by me until…………………………………… 20………
* payment of the entire amount owed by me, i.e.…………………………………, in accordance with the following schedule:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Instalment No.** | **Amount** | **Currency****PL/EUR** | **Amount due on account of**  *(e.g. tuition fees, course retake fees)* | **Time limit for payment** | **Proposed payment date** |
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Failure to pay all or a part of any amount owed by me on a timely basis would make the entire liability immediately due and payable on the terms previously set out in my acknowledgement of the terms of payment for study at the Jagiellonian University.

**Grounds:**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

Attachments confirming the grounds:

1.

2.

3.

………………………………………………………….

date and signature of the requesting student:

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| **TO BE COMPLETED BY A STAFF MEMBER OF THE SECRETARY’S OFFICE FOR STUDENT AFFAIRS** |
| Student status as at the request date: | active/definitely removed from the register of students\* |
| Amount of the total education fees payable: |  |

……..…………………………………………………………

date, signature and stamp of the staff member responsible for the management of studies

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| **OPINION BY THE INSTITUTE HEAD/DEPARTMENT HEAD** |
| I endorse the payment schedule proposed by the requesting student / I propose the following payment schedule:\*  | date, signature and stamp |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Instalment No.** | **Amount** | **Currency****PL/EUR** | **Amount due on account of**  *(e.g. tuition fees, course retake fees)* | **Time limit for payment** | **Proposed payment date** |
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| **DECISION GIVEN BY THE DEAN**  |
| In response to your request**, I consent /do not consent\*** to the change of the terms of payment of the amount ……………….. due from you on account of tuition fees/course retake fees\* in the winter/summer\* semester of the 20...../20...... academic year in accordance with:* the schedule proposed by you.
* the schedule proposed by the Institute Head/Department Head.
 | date, signature and stamp  |