|  |  |
| --- | --- |
| Name and surname: ………………………………………………  Student book number:…………………  Faculty of Electronics, Photonics and Microsystems  Field of study: …………………………….  Specialty: …………………………….  Year of study: ………………., stage (semester): ……………  Form: Stationary  Degree of study: 1st cycle / 2nd cycle\*  Profile: Academic | Wrocław, ………..…………  **WYPEŁNIA DZIEKANAT**  Wpłynęło dnia: |

**Dean of the Faculty of**

**Electronics, Photonics and Microsystems**

**Subject: Paymant refund**

I kindly ask for a refund of the overpayment/fee in the amount of ………………………………… appearing on my account, numer:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Please make a transfer to the bank account number:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| …………………………………..  (student’s signature) | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Dean’s decision**  I consent / I do not consent\*  …………………………………..  (signature and seal of person authorised by the Rector) | | | | | | | | | | | | | | | | | | | | | | | | | |