|  |  |
| --- | --- |
| Name and surname: ……………………………………………… Student book number:…………………Faculty of Electronics, Photonics and MicrosystemsField of study: …………………………….Specialty: …………………………….Year of study: ………………., stage (semester): ……………Form: StationaryDegree 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:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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) |