| Application | | Academic year 2025/202 | | | | | | | _ | Appeals Scholarship Committee (OKS) | | | | | | | | |
|---|------------|------------------------|-----------------|-----------|---------------|-----------|---------|------|----------------|-------------------------------------|-------------|---------|-------|-------------|---------------|-----------|---------|--|
| no. Date of receipt | | //20 | | | | | | | | Appli ASC | cation) | no. | | | | | | |
| Signature of the | receiving | | | | | | | | I | Date of | of rece | ipt | | | / | /20_ | | |
| person | | | | | | | | | L | Сотр | leted b | y the A | ppeal | s Scho | larshij | o Con | ımittee | |
| Completed by the dean's office or scholarship | | | | committee | | | | | | Warsaw,//20 | | | | | | | | |
| Appeal against the decision of the Faculty Scholarship Committee (WKS) | | | | | | | | | | | | | | | | | | |
| Regarding decision of the Faculty Scholarship Committee at the WUT Faculty of no. | | | | | | | | | | | | | | | | | | |
| of on/refusal to grant a social scholarship/scholarship for persons with disabilities/Rector's scholarship/relief*, delivered to me on | | | | | | | | | | | | | | | | | | |
| Faculty | | | | | | | | | | | | | | | | | | |
| Surname | | | | | | Names | | | | | | | | | | | | |
| Student record book number | | | | | PESEL no. | | | | | | | | | | | | | |
| Address | T | | 1 | | | ı | | | | | ı | | | | | | | |
| City | | Post co | ost code | | | | | | Citizenship | | | | | | | | | |
| Street | | Buildir | uilding number | | | | | | Flat | | | | | | | | | |
| E-mail address | Phone n | | | | ımber | | | | | Study: full-time/part-time* | | | | | | | | |
| Cycle of study | first / se | Semester of study | | | | | | | Field of study | | | | | | | | | |
| Bank account nu | mber | | | | | | | | | | | | | | | | | |
| Substantiation of the appeal: (give reasons why the appellant does not agree with the decision of WKS, specify your request for OKS when considering the appeal, provide evidence justifying the request, etc.) | | | | | | | | | | | | | | | | | | |
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| I declare that: | |
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| and attached documents are factually correct. I have familiarized myself with the information on personal data process. | documents or statements, I declare that all the data provided in the appeal essing in § 30 of the Regulations for Benefits for Students of the Warsaw all forward it to the persons whose personal data were included in the application for financial aid. |
| date | student's signature |
| Opinion of the Faculty Scholarship Comm | nittee: |
| opinion of the fueling sentimesing comm | |
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| University of Technology in the academic year 2025/2 | of the Regulations for Benefits for Students of the Warsaw 2026, the Faculty Scholarship Committee with the appeal ne Appeals Scholarship Committee a certified copy of the as well as its opinion. |
| | |
| | |
| date | signature and stamp of the head of the Faculty Scholarship Committee |