Wrocław, date…………..

…………………………………..

(First name(s), Surname )

……………………………….…

(Field of study)

…………………………..………

(Student identification number)

 **Bursar's Office**

**University of Wrocław**

I am asking for a refund of tuition fee for the academic year ................................

Amount of refund requested : ....................................... EURO/ PLN

Reason for refund : ………………………………………………………………………………………………....

…………………………………………………………………………………………………
I am asking you to return the money to the following account:
Bank name : ……………………………………………………………………………………….

Bank address : ……………………………………………………………………………………….

Account numer (IBAN): ……………………………………………………………………………………….

BIC/SWIFT number: ……………………………………………………………………………………….

Account holder : ……………………………………………………………………………………….

Account holder address : ……………………………………………………………………………………….

Student signature …………………………………………