

.....
name & surname

.....
place, date

.....
scientific discipline

.....
album No.

.....
study year

**RECTOR
OF THE UNIVERSITY OF ECONOMICS IN KATOWICE**

**Application
for awarding an increase in the doctoral scholarship for disabled students
for the academic year 20.../ 20...**

Aware of the criminal liability for providing false testimony under Article 233 §1 of the Act of June 6, 1997 of the Penal Code (Journal of Laws of 2018, item 1600, as amended) and the disciplinary liability for providing false data, **I hereby declare** that the information I have indicated in the application are complete and consistent with facts.

I hereby agree for the University to deduct from the benefits to which I am entitled (and paid by the University), any amounts improperly paid to me. In an event the University transfers undue benefits to my bank account and I am not a recipient of any benefits from the University, I commit to fully return the amount within no more than 14 days from the date I become aware of the undue payment.

.....
place, date

.....
student's signature

.....
signature of the University's Staff member

Appendix:

1. Photocopy of the medical certificate (original for inspection).

RECTOR'S DECISION ON INCREASED DOCTORAL SCHOLARSHIP

The Rector awards an increased doctoral scholarship for the time period from to in the amount of PLN per month.

Katowice, date

.....
signature and seal of the Rector