Appendix No. 3
to the Regulations of benefits for students of the Academy of Applied Sciences – Academy of Management and Administration in Opole

Date of submitting the application ..... ANS – WSZiA employee's signature .....

APPLICATION FOR RECTOR'S SCHOLARSHIP FOR THE ACADEMIC YEAR ……/……..

I. Details of the person applying for the scholarship

First name and last name			
PESEL		Number of album	
Faculty		Field of study	
Study mode* Full-time Part-time	Year of study	Semester	
Form of education* first degree studies second-degree studies uniform master's studies			E-mail
Student's mailing address			Phone

** delete unnecessary*

II. I'm asking for the rector's scholarship for the academic year ……/……. on the basis of the:

☐ outstanding academic results in the previous academic year, i.e. ……/..……..

☐ sports achievements

☐ scientific or artistic achievements.

To prove my achievements, I'm attaching to the application:

……

……

……

I declare that I have read the Regulations of benefits for students of the Academy of Applied Sciences – Academy of Management and Administration in Opole.

…….

date and student's signature (required)

The average rating is ……..

STUDENT STATEMENTS

Aware of criminal liability for providing false information (Article 233 §1 of the Penal Code), liability under Art. 286 of the Penal Code and civil and disciplinary liability, bearing in mind that:

- the total period during which the benefits are granted is 12 semesters, regardless of whether they are received by the student, with the proviso that within this period the benefits are payable during studies:
  1) first degree studies – no longer than 9 semesters,
  2) second degree – no longer than 7 semesters,
- benefits are not available to a student with a professional title (irrespective of when it was obtained and in which field of study, this also applies to titles obtained abroad):
  1) master's degree, master's degree in engineering or equivalent;
  2) bachelor's degree, engineer or equivalent, if the student resumes first-cycle studies,
- benefits received on the basis of false data are subject to return, I declare that:
- I undertake to immediately inform the University of the expiry of the above-mentioned total period of 12 semesters, during which the student is entitled to benefits;
- I am studying at the same time YES/NO* in the first degree / second degree / uniform master's studies*: (if yes, please provide the name of the university, field of study, date of commencement of studies and the number of started semesters):

  ...……...…….

  and I undertake to immediately inform the University about the completion of these studies;

  I have studied before YES/NO*, but studies haven't been completed (if yes, please specify the name of the university, field of study, level of study, date of commencement of studies and removal from the list of students, and the number of started semesters) ……..
- I have already completed studies YES/NO* 1st degree / 2nd degree / uniform master's studies* (if yes, please provide the name of the university, field of study, date of commencement and completion of studies and the number of started semesters)

  …….....……
- I already have a bachelor's, engineer or equivalent professional title: YES/NO *;
- I already have a master's degree, a master's degree in engineering or an equivalent: YES/NO *;
- I am/I am not* a candidate for a professional soldier or a professional soldier who undertook studies on the basis of a referral by a competent military authority and received assistance in learning, based on the provisions on military service of professional soldiers, and that I am not an officer of state services in candidate service or a functionary of state services who undertook studies on the basis of a referral or consent of a competent superior and received assistance in learning on the basis of the provisions on service.

....

place, date *student's signature (required)*

** delete unnecessary*

I agree to receive information related to the current course of proceedings regarding the rector's scholarship to the e-mail address provided below. At the same time, I acknowledge that decisions regarding this application will be placed in the form of an electronic document on the individual Electronic Student Index.

.....
date and signature of the student

Please transfer the benefits to the account:

.....
date and signature of the student

I consent to the transfer of the amounts of benefits awarded to me to cover the cost of tuition fees.

.....
date and signature of the student

STATEMENT

Aware of criminal liability for false testimony under Art. 233 § 1 of the Penal Code (Journal of Laws of 1997 No. 88, item 553, as amended) and disciplinary liability for providing untrue data, I declare that the above information regarding the fulfillment of the conditions necessary to receive benefits for students are complete and true to the facts.

.....
date and signature of the student (required)

STATEMENT

Aware of criminal liability for submitting a false testimony under Art. 233 § 1 of the Penal Code (Journal of Laws of 1997 No. 88, item 553, as amended) and disciplinary liability for providing untrue data, I declare that I am not applying for and am not receiving the Rector's scholarship in any other field of study studies, including at another university.

.....
date and signature of the student (required)

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