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| Number of the doctoral student's application in the calendar year | Date of application |
| (to be filled in by the doctoral student) |  (to be filled in by the doctoral student) |
| **Council of Doctoral Students of the University of Wrocław****APPLICATION FOR FINANCIAL SUPPORT FROM THE FUNDS OF THE DOCTORAL STUDENT SELF-GOVERNMENT OF THE UNIVERSITY OF WROCŁAW** |
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| 1. **PERSONAL INFORMATION ABOUT APPLICANT** (**all** green fields in parts I - IV are filled in by the doctoral student)
 |
| 1. Name and surname, album number, year of study |  |
| 2. Phone number |  |
| 3. Email address |  |
| 4. Scientific unit represented (faculty, institute/chair and department) |  |
| 5. Bank account number (compatible with the one provided in USOS) |  |
| 1. **INFORMATION ABOUT THE SOCIAL AND LIVING SITUATION OF THE APPLICANT**
 |
| Circumstances indicating the existence of a difficult and temporary living situation for the applicant*(e.g., illness, birth of a child, etc.)* |  |
| List of attached documents*(e.g., income certificate, medical opinion, birth certificate, photos, etc.)* |  |
| Description of the applicant's difficult and temporary social and living situation *(If the description is deemed insufficient, the applicant may be asked to provide additional information)* |
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| **III REQUESTED AMOUNT** (*The maximum amount of one-time financial support is PLN 2500. A doctoral student may receive financial support a maximum of two times per academic year, but on the same basis only once, except in situations caused by serious illness of the doctoral student or his / her loved ones. In particularly justified and exceptional cases further financial support in a given year or increase in its amount can be granted.)* |
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| **IV STATEMENTS OF THE DOCTORAL STUDENT** |
| I declare that all the data and information I have provided are true.*(A beneficiary who has made a false statement or submitted a forged document is liable to repay the benefit improperly obtained. In the situation of untruthfulness or submission of a forged document, a doctoral student may be subject to criminal liability (§ 4, section 1 of the Regulations).**(Information on cases of untruthful submission of statements shall be forwarded by the Council to the Rector)* |
| ...............................................legible signature of doctoral student |
| **V DECISION** |
| **RECOMMENDATION OF THE DOCTORAL COUNCIL** |
| ...............................................................................................................................................................................................................................................................................................................................................................................................................................signature of the chairperson/vice-chairperson of the Doctoral Council |
| **DECISION ON GRANTING FINANCIAL SUPPORT** |
| I grant the amount.............................. from the funds...............................................................................................I do not grant financial support.......................................................................................................................... |
| Possible comments and recommendations: …………………………………………………………………………………………………………………………………………………………… |
| ..................................................... |
| signature of the Vice-Rector for Student Affairs |