

Gdańsk,.....

.....  
Name and surname of the student/doctoral student

.....  
Album number

.....  
Faculty

**Bursary  
of Gdańsk University of Technology**

**Application for a refund of the fee for the electronic student ID card**

Please refund the amount: ....., paid by

Ms/Mr .....

to the bank account number:.....

.....  
The payment should be made to the bank account number:.....

.....  
whose holder is.....

Justification:

.....

.....

.....

I hereby attach the bank transfer confirmation.

.....  
Legible signature  
of the student/doctoral student

.....  
date, signature and stamp of the head of  
the unit

Comments: .....

.....  
date, signature and stamp of the  
employee of the University Center  
for Personalization at Gdańsk Tech