

**Candidate** (applicant):

Gdańsk, (date) .....

Nazwisko:

Full name: .....

Address: .....,

*street, number / flat number*

.....

*post code, city, country*

**Admission Office**

**Recruitment of English-Speaking Students**

**Gdańskiego Uniwersytetu Medycznego**

Al. Zwycięstwa 41-42

80-210 Gdańsk, Poland

**REQUEST**

**for a refund of „Orientation Week fee”**

I kindly request a refund of Orientation Week fee in amount of ..... **PLN** (in words: ..... Polish Zloty) made towards participation in obligatory „Orientation Week” . Payment has been made on .....(day, month, year).

**Bank account details for refund :**

Account number: .....

SWIFT code: ....., IBAN number: .....

Currency of the account/transfer : .....

**Bank account owner details:**

Name and surname: .....,

Address (street name, number, flat number, post code, city, country):

.....

**Reason of the refund:**

.....

.....

**Signature:** .....

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**Administrative notes:**

Opinia DR:

.....

.....

Data, podpis Kierownika DR: .....