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To the Rector/Scholarship Committee
Szczecin Maritime University

To be completed by the student:

Last name and first name	FULL-TIME studies ☐	PART-TIME studies ☐
Date of birth (dd;mm;yy)	First-cycle studies ☐	Second-cycle studies ☐
Permanent residence address	Year of study	
	Field of study	
	Faculty	
Phone number	Specialization	
	Register number	

Please transfer the benefits to my bank account:

		-				-				-				-				-				-							
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*Benefits granted on the basis of false data are subject to repayment, and the student may be referred to a disciplinary committee.**A student residing abroad who has not appointed a representative residing in Poland to handle the case is required to appoint a representative in Poland for the purpose of delivery of documents, unless delivery is effected by electronic means of communication.**If no representative for delivery of documents is appointed, letters intended for the student shall be left in the case file with the effect of delivery.*

Application for a disability allowance
for the academic year 20.../20....

1. I hereby apply for a disability allowance

Permanent degree of disability or disability group

Degree of disability or disability group certified periodically until

I enclose the certificate

*(name of the issuing authority)*2. Aware of the criminal liability for false testimony under Article 233 § 1 of the Criminal Code and disciplinary liability for providing false information, **I declare** that:

1) the above information concerning the fulfillment of the conditions necessary to receive benefits is complete and true,

2) I do not receive a maintenance grant, a disability allowance, a Rector's scholarship, or special allowance for more than one field of study;

3) I am also studying:

☐ YES (provide the name of the university, year, and field of study)

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studies:☐ first-cycle,☐ second-cycle,☐ uniform master's degree☐ NO

4) I have already completed studies:

☐ YES – date of graduation (provide the name of the university, years, field of study, specialization)

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and I hold the title of:

☐ NO

- 5) I have read the Regulations on benefits for students of the Maritime University of Szczecin and accept all the terms and conditions contained therein;
- 6) I undertake to return any unduly received benefits and agree to the deduction of any unduly received benefits from the scholarships I receive;
- 7) I undertake to immediately inform the scholarship authority about receiving a maintenance grant, a disability allowance, a rector's scholarship, and special allowance for more than one field of study.

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(date and student's signature)

To be completed by a University employee:

Scholarship proposal for the academic year 20..../20.... according to the Regulations

It is proposed

☐ awarding a scholarship in accordance with the Regulations in the amount of PLN

for the period

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☐ not to award the scholarship.

Justification for the proposal:

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(date and signature of the person preparing the document)