

.....  
(Name and Surname)

Krakow, .....r.  
(Date)

**FACULTY OF MEDICINE**

Field of study: Medicine -studies in English

Student's ID number:.....

Year of studies:..... Semester:.....

Full-time studies

Level of studies: long-cycle Master's degree

## Declaration

I declare that in the *summer*\* semester of academic year ..... I will pay the tuition fees in 1 / 2 / 3 / 4 / 5\* installments paid until:

**I – 10 II 2025 / II – 10 III 2025 / III – 10 IV 2025 / IV - 10 V 2025/ V – 10 VI 2025\***

*At the same time, I declare that I am aware that in accordance with the University's regulations:*

- 1. The payment of the tuition fee in installments increases the amount of the semester fee for studies in the manner specified in the payment regulations;(it applies to students recruited in 2016,2017,2019)*
- 2. In the case of payment of tuition fees via bank money transfers, the date of payment is considered to be the day the funds are credited to the University's bank account;*
- 3. In the event of not paying the whole amount of any of the installments on time, there will be charged interest for each day of the delay.*

.....  
(student's legible signature)

\* cross out where not applicable