................................................................................................ Krakow, .........................................r.

 (*Name and Surname*) (*Date*)

**FACULTY OF MEDICINE AND HEALTH SCIENCES**

Field of study: Medical programme-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 *2 / 3 / 4 / 5*\* installments paid until:

**I** – 10 February 2024 / **II** – 10 March 2024 / **III** – 10 April 2024 / **IV** – 10 May 2024 / **V** 10 June 2024\*

## 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