Kalisz, …………………

………………………………

………………………………

Student ID number………....

Bursary

The President Stanisław Wojciechowski

State University of Applied Sciences

in Kalisz

REQUEST FOR REFUND OF DEPOSIT/DORMITORY PAYMENT*

Due to my checking-out of the Student Dormitory on …………………………………., I kindly

/ **check-out date** /

request the refund of the deposit/dormitory payment in the University Financial Office/to my

bank account*: ……………………………………………………………………………………….

/ **bank account number** /

……………………………………

/ **Student's signature** /

Application submitted …………………………..

/ **date** /

Annotations of SD administration**

………………………………………………………………………………………………………

………………………………………………………………………………………………………

………………………………………………………………………………………………………

Attached: protocol of damage to property **

……………………………………………….

/ **date and signature od SD administration worker**/

Annotations of Financial Department

………………………………………………………………………………………………………

………………………………………………………………………………………………………

I duly accept the settlement of the refund.

………….…………………….…..

* delete what is not applicable

** mandatory information, must be completed

*** protocol of damage to property