

Warsaw, .....  
(date)

**English Dentistry Division**

(name and surname).....

(student ID number) .....

(year of studies) .....

**APPLICATION  
for payment in instalments**

I apply for payment in ..... instalments on the ..... year of study for:

- education in part-time studies,
- education in English,
- education of foreigners in full-time studies in Polish,

List of appended documents:

1. ....
2. ....
3. ....

.....  
(student's signature)

**DEAN'S DECISION**

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I agree / I don't agree\* to divide the payment into ..... instalments.

Each instalment is :..... PLN/ EURO (in words :.....  
.....)

The first instalment must be paid by .....

.....  
(date, Dean's signature and seal)

\*delete as necessary