

Album Number:
Surname and name:
Address:
PESEL:
Phone:
Bank account number: _ _ _ _ _
Field of study:
Year of study:
Level of study: Bachelor's Master's Uniform master's studies
Study mode: Full-time Part-time
Enrollment: Winter Summer

**Application
for granting of the allowance**

I request to be granted allowance due to:

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.....
.....
.....
.....

I request the allowance to be:
(postawić X w odpowiednim polu)

- Transferred to my bank account:
- Applied toward my financial obligations to KBU

- 1) I declare that the data and information provided above are accurate and true, and I am aware of:
 - a) Criminal liability for the offense defined in Article 233 §1 and §6 of the Act of 6 June 1997 - Penal Code (Journal of Laws of 2024, item 17, as amended), as well as civil and disciplinary liability for providing false data;
 - b) Disciplinary liability under Article 307 of the Act of 20 July 2018 on Higher Education and Science;
 - c) The obligation to return unduly received material assistance
- 2) I declare that the attached copies are consistent with the originals.
- 3) I declare that I have read the rules for granting assistance specified in the Regulations for Student Benefits at KBU and accept its provisions.

Katowice,

Date and legible signature of the student

Attachments: *(completed by student)*:

1.
 2.
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