Warsaw, date ………………………

Name and surname...…………………………………………………………………………….

Student ID No.……………………………………………………….………………………….

Faculty…………………………………………………………………..………………………

Field of study……………………………………………………………………………………

Education level (first degree studies, second degree studies) ……………………………….....

Mode of studies (full-time, part-time) ………………...………………………………………..

Year of studies…………………………………………………………………………………..

E-mail address………………………………...…………………………………………………

Phone number ……………………………………..……………………………………………

Degree of disability…………...…………………………………………………………………

**Application**

I request to be granted the following forms and types of support in the academic year 20… / 20… ..:

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

**Brief justification:**
…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Student’s signature…………………………………………………………………………….

Appendices:

1. ………………………………………………….

2. ………………………………………………….

3. ………………………………………………….

**Opinion of the DPD Head / Rector’s Proxy for Students with Disabilities**

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

Warsaw, date …………………………… Signature……………………………..