*Appendix 4 to the Announcement of the Rector of Lodz University of Technology*

 *on the procedure for the payment of doctoral scholarship and reporting
to social insurance and health insurance doctoral candidates studying*

*at the Interdisciplinary Doctoral School of Lodz University of Technology of August, 30, 2023.*

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*date of receipt of the application and signature of the receiver*

**APPLICATION FOR AN INCREASED DOCTORAL SCHOLARSHIP.**

**PLEASE READ CAREFULLY AND FILL OUT THIS DECLARATION IN CAPITAL LETTERS**

|  |
| --- |
| **PERSONAL DATA**  |
| Name (names) |  |
| Last name |  | Family name |  |
| Discipline |  | Year of training |  |
| Register number |  |
| Phone number |  | E-mail (in the TUL domain) |  |
| **CORRESPONDENCE ADDRESS** |
| Country |  | Voivodeship |  |
| Municipality |  | District/Poviat |  |
| ZIP code  |  | City |  |
| Street |  | House number |  | Apartment number |  |

 I kindly ask you to grant me a doctoral scholarship in the increased amount
in the academic year 20… / 20….

**Justification:**

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………………………………………

*date and legible signature of the doctoral candidate*

**Confirmation of the degree of disability[[1]](#footnote-1)\*\*\***

We hereby confirm that the doctoral candidate ………………………………………………………. has a properly issued certificate of the degree of disability, valid from …………………………….
to …………………… and delivered the necessary documents confirming the above-mentioned circumstances, therefore the doctoral candidate is entitled to an increased doctoral scholarship
in accordance with Art. art. 209 (7) of the Act of July 20, 2018 - Law on Higher Education and Science from …………… ... ………………… of the academic year ………………………….

 ……………….……………………………………

*date, stamp and legible signature of the employee*

*Office for People with Disabilities, TUL*

1. \*\*\* *all documents confirming the disability of TUL doctoral candidates are stored at the Office for People with Disabilities at TUL* [↑](#footnote-ref-1)