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

on the procedure for paying doctoral scholarships and registering doctoral candidates for social security and health insurance studying

at the Interdisciplinary Doctoral School of Lodz University of Technology of 29 July 2025.

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date of acceptance of the application and signature of the person accepting it

APPLICATION FOR GRANTING THE DOCTORAL SCHOLARSHIP

AT INCREASED HEIGHT

PLEASE READ AND COMPLETE THIS STATEMENT CAREFULLY IN BLOCK CAPITALS

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PERSONAL DATA | | | | | | | | |
| Name (names) | |  | | | | | | |
| Surname | |  | | Family name | | |  | |
| Discipline | |  | | Year of study | | |  | |
| Register number: | |  | | | | | | |
| Phone number | |  | | Email (in the TUL domain) | | |  | |
| ADDRESS FOR CORRESPONDENCE | | | | | | | | |
| Country |  | | Voivodeship | |  | | | |
| Municipality |  | | District | |  | | | |
| Postal code |  | | Location | |  | | | |
| Street |  | | Building number | |  | Apartment number | |  |

I am kindly asking for an increased doctoral scholarship 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 correctly issued certificate of degree of disability, with the period of validity from…………………………. to…………………….. …….. and delivered to the Office for People with Disabilities of Lodz University of Technology on the necessary documents confirming the occurrence of the above-mentioned circumstances, in connection with the above, the doctoral candidate(s) is entitled to a doctoral scholarship in an increased amount in accordance with Article 209 section 7 of the Act of 20 July 2018. – Law on Higher Education and Science from the month of…………… .. …………………… academic year……………………………………… …………………………………………………

……………….……………………………………

Date and legible signature of an employee of

the Office for People with Disabilities at TUL

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