

<b>APPLICATION No.....</b> <small>(number assigned by the Department for Students and Studies)</small> <b>for granting consent for the travel of student</b>	
<b>1. First name and surname of the student:</b>	
<b>2. Faculty, major, year of studies:</b>	
<b>3. Contact telephone number:</b>	
<b>4. Address of electronic post in the domain 365.sum.edu.pl:</b>	
<b>5. Target destination city:</b>  .....	<b>6. Duration of travel</b> (taking into consideration travel there and back):  <b>from:</b> ..... <b>to:</b> .....
<b>7. Purpose of the travel</b>	
Scientific club as part of which the student undertakes the travel	
Name of Conference/Training/Competition/Convention/Symposium	
Topic of the work	
Nature of the participation (delete as appropriate)	Author/first co-author
<b>8. Means of communication (indicate as appropriate):</b>	
a/ PKP (class II).....	
b/ other, which one?.....	
c/ entitlement to a discount, at what level %.....	
<b>9. Approximate cost of travel (in case of applying for travel co-financing):</b>	Applied for cost (to be specified in PLN)
a/ registration fee	
b/ accommodation	
c/ transport/return commuting costs/; one-way transport	
d/ in case of travel financed from external sources: allowances, visas, third-party insurance	
Total	
<b>10. a) How many times in the current calendar year has the application been submitted? .....</b>	
<b>b) How many times in the current calendar year has the financing been granted? .....</b>	
<b>11. Sources of financing of the travel (RUSS option or option of another student organization, relevant Unit Head or Director):</b>	
a/ Medical University of Silesia in Katowice	
<input type="checkbox"/> Budget of the Student Government of SUM in Katowice - <b>amount of co-financing</b> .....	
<input type="checkbox"/> Budget of STN SUM in Katowice – <b>amount of co-financing</b> .....	
<input type="checkbox"/> Budget of AZS SUM in Katowice – <b>amount of co-financing</b> .....	
<input type="checkbox"/> Other student organizations: name: ..... – <b>amount of co-financing</b> .....	

Travel financed from external sources – **amount of co-financing** .....

Date an signature - representative of the student organization or Director of the Technology Transfer Centre

**Note:** The above travel of the student is not an official business travel in the meaning of the regulations of the Labour Law and any risks related to the travel, including third-party insurance, medical expenses insurance rests with the student (not applicable to travel financed from external resources).

Date	Signature of the person undertaking the travel	<input type="checkbox"/> I support the application <input type="checkbox"/> I do not support the application	Dean's opinion Dean's stamp and signature
------	--	---	--

**12. Opinion of the Department of Finance-Accounts / Department of Expenditure<sup>1</sup> concerning the possibility of financing the travel (reservation of funds):**

.....

Date, signature and stamp

**13. \* Acceptance of the Bursar<sup>2</sup>**

YES                       NO

.....

Date, signature and stamp

Date	<b>14. * Decision of the Vice-Rector for Academic Affairs</b> <b>I approve</b> <input type="checkbox"/> YES <input type="checkbox"/> NO ..... Date, signature and stamp
------	--

Items from 1 to 10 to be filled out by the student.

\* indicate "X" in the right field

<sup>1</sup> If applicable

<sup>2</sup> If applicable