*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 September 30, 2021.*

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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:**

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

………………………………………

*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)