

**APPEAL AGAINST THE DECISION OF THE  
WELFARE COMMISSION FOR DOCTORAL STUDENTS  
IN THE ACADEMIC YEAR ...../.....**

<b>Name and surname:</b>	
<b>Doctoral student ID:</b>	
<b>Discipline:</b>	
<b>Year and semester of education:</b>	
<b>Contact phone no.:</b>	
<b>E-mail address in PUT domain:</b>	
<b>Permanent residence address:</b>	
<b>Correspondence address, if different than the one provided above:</b>	

I am appealing against the decision of the Welfare Commission dated ..... regarding financial aid.

<b>Justification of the appeal</b> (please indicate here why the doctoral student disagrees with the decision received, which regulations they believe have been violated, or which circumstances the commission did not take into account):

<b>The following documents are enclosed with the appeal (e.g., medical certificate, death certificate, police report, photographic documentation, bills, invoices, etc.):</b>
 1. 2.    

Aware of criminal, civil and disciplinary liability for providing false information, I declare that all data contained in the application and attached documents are true and accurate.

\_\_\_\_\_  
Date and signature of the doctoral student

I declare that I have read the Regulations on the Awarding of Financial Aid to Doctoral students at Poznan University of Technology (Ordinance No. 9 of the Rector of Poznan University of Technology of April 7, 2026).

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Date and signature of the doctoral student

Information on the processing of personal data can be found at <https://put.poznan.pl/ochrona-danych-osobowych>.

I acknowledge that information regarding the application, including any request to supplement the documentation, will be provided via the University's system.

I consent to the delivery of documents via the University's system in the proceedings initiated by this application. As my electronic address, I indicate the email address provided in the application for financial aid.

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Date and signature of the doctoral student