



COLLEGIUM HUMANUM
WARSAW MANAGEMENT UNIVERSITY

APPLICATION FORM FOR REFUND OF FEES

(Please fill in this form and send to rekrutacja@humanum.pl)

Personal data	
Candidate's Name:	
Date of Birth:	
ID Number/ Passport:	
Address:	
Email:	
Phone/Cell:	

Fee paid for:	
The amount of refund:	
Reason of refund request: (in the case of a visa refusal please add confirmation)	
Date of request:	



Bank account details	
Name of the bank account holder:	
Address of the bank account holder:	
Name of the bank:	
Address of the bank branch:	
Full account number:	
BIC/SWIFT code of the bank (or other international routing number such as ABA):	
Currency of the account:	

STUDENT ATTESTATION

I certify that all information provided on this form refers specifically to me and is true and correct.

Legible signature	
Date	