

OUTPROCESSING FORM

Student name:

Student ID number:

Academic Year:

| No. | Verifying Unit | Stamp and signature |
|-----|--|---------------------|
| 1. | Library Katowice-Ligota, ul. Medyków 18 | |
| 2. | Dormitory Katowice-Ligota, ul. Medyków 12A-B, 24, 26 | |
| 3. | Dean's Office Katowice-Ligota, ul. Medyków 18 | |
| 4. | Bursar Office Katowice, ul. Poniatowskiego 15 | |

NOTE: Please get the form completed in numerical order.