Bydgoszcz, dnia.........................

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(imię i nazwisko)

Numer albumu:..........................................

Kierunek studiów:.....................................

Rok/stopień studiów:.................................

Adres: .......................................................

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(telefon)

**Pani**

**mgr Magdalena Jażdżejewska**

**Z-ca Kwestora ds. Collegium Medicum**

**przez:**

**Panią**

**dr Anitę Gałęską-Śliwkę**

**Prodziekan ds. Studenckich**

**Wydziału Nauk o Zdrowiu CM UMK**

**Wniosek o zwrot nadpłaty**

Zwracam się z prośbą o zwrot nadpłaty z tytułu............................................................................................................

w kwocie ……………………………………………………..................................................................................................................................................

Proszę o zwrot powyższej kwoty na numer rachunku:

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właściciel rachunku bankowego.........................................................................................................................................................

(imię, nazwisko, adres)

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nazwa banku

Z poważaniem

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(podpis)