



# WARSAW MANAGEMENT UNIVERSITY

tel. +48 22 59 00 710, fax +48 22 818 00 52, ul. Kawęczyńska 36, 03-772 Warsaw, Poland  
rektorat@wsm.warszawa.pl, www.wsm.warszawa.pl

Warsaw, .....

## CONDITIONAL OFFER LETTER\*

This is to certify that the candidate ..... has been evaluated as appropriate for the program stated below for the ..... intake in the academic year ..... at Warsaw Management University.

### Candidate details:

Date of Birth: .....

Passport no: .....

### Programme of studies:

- Program title: .....
- Degree: .....
- Duration: .....
- Mode of study: full time studies
- Start date: .....
- End date: .....
- Admission fee: ..... per programme\*\*
- First year tuition fee: ..... per year

This offer is conditional on the following:

- Submitting the complete set of required documents
- Admission fee payment: ..... \*\*
- Tuition fee payment: .....
- Dormitory payment for 3 month: .....
- **In total:** .....

### Payment details:

Name of beneficiary: Warsaw Management University

Beneficial Bank: Plus Bank SA

Beneficiary's account: PL 44 1680 1248 0000 3000 2252 4506

BIC/SWIFT Code: IVSEPLPP

**\*This Conditional Offer Letter by no means is valid for visa and consular purposes!**

\*\*In case of visa refusal or student's resignation from studies the application fee is not refundable.

University signature and stamp