



REPUBLIC OF ALBANIA
UNIVERSITY OF TIRANA
FACULTY OF FOREIGN LANGUAGES

APPLICATION FORM – SECOND CYCLE (MASTER)

**TUITION FEE REDUCTION
ACADEMIC YEAR 2025-2026**

I, the undersigned _____, residing in the city/village of _____ in the district of _____, a student of the Faculty of Foreign Languages, in the ___ year, Master of Science / Professional Master in _____, in the Language _____, hereby submit my application to benefit from a tuition fee reduction, in accordance with the criteria established in Council of Ministers Decision (VKM) No. 780 dated 26.12.2018, under the following category (please circle the category that applies to you):

Categories :

a/1) Students with disabilities, certified by the Medical Commission for Determination of Work Capacity, beneficiaries of the disability allowance.

a/2) Students who are children of persons/families with disabilities, certified by a decision of the Work Capacity Assessment Commission (KMCA), whose families receive benefits under Law No. 9355 dated 10.03.2005, "On Social Assistance and Services," as amended, including full or partial economic assistance from local self-government units.

b/1) Students whose families receive economic assistance.

b/2) Students up to 25 years of age who have only one parent, due to the other parent being deceased, and whose family's annual income is insufficient to cover the cost of studies.

c) Students who have obtained orphan status, up to the age of 25.

ç) Students who have lost parental custody by a final court decision, up to the age of 25.

d) Students identified as victims of human trafficking and who have obtained legal status for treatment as victims of human trafficking, up to the age of 25.

dh) Students who are children of employees of the State Police, the Republican Guard, the Service for Internal Affairs and Complaints, the Fire and Rescue Service, the Armed Forces, the State Intelligence Service, or the Prison Police, who lost their lives in the line of duty.

e) Roma and Egyptian students, identified through self-declaration.



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f) Students who are children of former convicts and politically persecuted persons under the communist regime, or children of parents politically convicted and deprived of liberty.

Student's phone number: _____
(The phone number must belong to the student, not the parent)

Student's email address: _____

Applicant: _____

Signature: _____
(Name and Surname, student's signature)