STATEMENT

concerning departure for Erasmus+ studies / traineeship

I, the undersigned (full name) declare that in connection with my departure on an Erasmus+ exchange in the academic year 2023/2024:

1. I have an EHIC card valid for the entire period of my stay abroad as part of the Erasmus+ exchange:

• expiration date of the card: (applies only to Polish citizens and persons insured under the National Health Fund).

2. I have additional medical insurance valid for the entire period of stay within the Erasmus+ program in the country where the exchange will be implemented:

- name of the insurance company:
- policy number (i.e. the insurance / insurance card you have):
- insurance validity date: from to

3. I have personal accident insurance valid for the entire period of stay under the Erasmus+ program in the country where the exchange will be implemented.

- name of insurance company:
- policy number (i.e. the insurance / insurance card you have):
- insurance validity date: from to

- I took the test on and received a score of (language proficiency on a scale from A1 to C2).
- 5. I registered my trip in the ODYSEUSZ portal on (applies to Polish citizens only).
- 6. I have familiarized myself with the Erasmus Student Charter and I undertake to abide by it.

7. As part of the Erasmus+ program (please mark the correct answer):

□ I did not participate in any Erasmus mobility programs (Erasmus+, LLP Erasmus, Leonardo da Vinci, Erasmus+, Scholarship and Training Fund).

□ I participated in Erasmus mobility programs (Erasmus+, LLP Erasmus, Leonardo da Vinci, Erasmus+, Scholarship and Training Fund) during:

 \Box first degree studies (BA), and the total duration of mobility was months

 \Box second degree studies (MA), and the total duration of mobility was months

□ long cycle master's studies (MA), and the total duration of mobility was months

□ third degree studies / doctoral school education (PhD), and the total duration of mobility was months

I declare that all the above data are in accordance with the facts and I am aware of the criminal liability for making a false statement.

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place, date and signature