

**STATEMENT**  
**concerning departure for Erasmus+ KA171 mobility for studies**

I, the undersigned (full name) ..... declare that in connection with my Erasmus+ KA171 exchange:

1. I have **medical insurance** valid for the entire period of my travel and stay within the Erasmus+ Programme 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 .....

2. I have **personal accident insurance** valid for the entire period of my travel and stay under the Erasmus+ Programme 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 .....

3. I took a language test on the EU ACADEMY platform on the knowledge of the language in which the Erasmus+ exchange will be implemented, i.e. .... (language name, e.g. English).

- I took the test on ..... (date) and received a score of ..... (language proficiency on a scale from A1 to C2).

4. I registered my trip in the **ODYSEUSZ portal** on ..... (date) (applies to Polish citizens only).

5. I have familiarized myself with the **Erasmus Student Charter** and I undertake to abide by it.

6. As part of the Erasmus+ Programme (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:
  - first degree studies (BA), and the total duration of mobility was ..... months
  - 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.

.....  
place, date and signature