**STATEMENT**

**under the** **concerning departure for Erasmus+ studies / BIP**

I, the undersigned (full name) .......................................................................................................... declare that I completed the mentioned below formalities before Erasmus+ mobility in the academic year 2023/2024.

* 1. I have an EHIC card valid for the entire period of my stay abroad:
* expiration date: ..................................... (applies only to Polish citizens and persons insured under the National Health Fund).
	1. I have 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 ..............................................................
	1. I have accident 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 ..............................................................
1. I registered my trip in the ODYSEUSZ portal on ……............................... (applies to Polish citizens only).
2. I have familiarized myself with the Erasmus Student Charter and I undertake to abide by it.
3. As part of the Erasmus+ program (please mark the correct answer):

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

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

o first degree studies (BA), and the total duration of mobility was ..................... months

o second degree studies (MA), and the total duration of mobility was ...................... months

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

o 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