Doc. 2

D E C L A R A T I O N

*I hereby declare that I have purchased insurance for medical treatment costs insurance covering accidents costs for travel and stay in the host organization and third-part liability insurance (covering damage caused by the Participant during stay abroad). At the same time, I declare that in the absence of the above mentioned insurances, I shall not claim compensation from the Poznań University of Economics and Business for costs of treatment, accidents and civil liability.*

First name and surname ...........................................................................................................................

Partner university visited ............................................................................................................

............................................................................

Date and signature

|  |  |
| --- | --- |
| ---------------------------------------------------------------------------------------------------------------------------------------------------------------- | MC900350030[1] |

Doc. 3

POTWIERDZENIE

*Confirmation*

Student/-ka (*Student*) ..........................................................................................

*Imię i nazwisko (First name, Surname)*

Rok/stopień studiów (*year of study*) ……………................................

Nr albumu (*Student ID number*) .......................................................

dopełnił/a wszystkich zobowiązań (w tym uzyskał/a zgodę Dyrektora studiów na wyjazd i sporządził/a LA ) wobec BOS przed wyjazdem na:

(*student has completed all formalities [i.a. has recived Director of studies permission for mobility and prepared Learning agreement] to the Center of Studies in English before departure for*)

* studia w programie ERASMUS+ (*studies under Erasmus+*)
* praktykę w programie ERASMUS+ (*student placement under Erasmus+*)
* studia zagraniczne w ramach umowy międzyuczelnianej (*studies under bilateral agreement)*\*. ………………………………………………………………………………….

(Nazwa uczelni partnerskiej *Name of partner institution*)

\* niepotrzebne skreślić

(*delete as applicable*)

Poznań, ......../........./........ Podpis/pieczątka BOS

(*signature/the CES rubber stamp*)