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

CONFIRMATION

*Student*..........................................................................................

 *(First name, Surname)*

Level of study………………………………

Field of study………………………………

*Year of study* ……………..........................

*Student’s ID number* ................................

*student has completed all formalities (has received permission of the director of the studies for the mobility and has prepared Learning Agreement) to the Student’s Service Office (room120A ) before departure for*:

* *studies under Erasmus+* program
* *studies under bilateral agreement* \*

………………………………………………………………………………….

*Name of the partner institution*

\* (*delete where applicable*)

Poznań, ......../........./........ (*signature/ stamp*)