

**DECLARATION**

|  |  |   |                |
|--|--|---|----------------|
| Student's surname and first name   |  | File no.:   |                |
| School:  |  | Faculty:  | Year of study: |
| Mode of study:<br><input type="checkbox"/> Full-time<br><input type="checkbox"/> Extramural                |  | Type of study:<br><input type="checkbox"/> I degree <input type="checkbox"/> II degree<br><input type="checkbox"/> uniform master degree programme<br><input type="checkbox"/> doctoral studies |                |
| Permanent address:<br><br>street.....no.....apt.....<br><br>post code..... place.....region. ....          |  | Phone:  |                |
| Address for correspondence:<br><br>street.....no.....apt.....<br><br>post code..... place.....region. .... |  | e-mail:   |                |

**Aware of criminal, civil and disciplinary liability for providing false information, I declare hereby that:**

- I am a student of other faculty/student of other doctoral studies

yes    no    (if "yes" complete the table below)

| Name of university: | Faculty: | Date of beginning of study: |
|---------------------|----------|-----------------------------|
| .....               | .....    | .....                       |
| .....               | .....    | .....                       |

- I studied in the previous years (applicable for all studies, completed and interrupted)

yes    no    (if "yes" complete the table below)

|                               | Name of University: | Faculty: | date of   |                         |
|-------------------------------|---------------------|----------|-----------|-------------------------|
|                               |                     |          | beginning | completion/interruption |
| I degree studies              | .....               | .....    | .....     | .....                   |
| II degree studies             | .....               | .....    | .....     | .....                   |
| Uniform master degree studies | .....               | .....    | .....     | .....                   |

- I am a graduate of doctoral studies

yes    no    (if "yes" complete the table below)

| Doctoral studies | Name of University: | Date of completion |       |
|------------------|---------------------|--------------------|-------|
|                  |                     | month              | year  |
|                  | .....               | .....              | ..... |

I am applying for scholarship from other faculty/other doctoral studies

yes    no    (if "yes" state the faculty)

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.....on.....

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Student's/doctoral student's signature