**Annex No. 2 (Statement)**

**Declaration by a student of the Medical University of Lodz for "Green Travel" funding for long-term mobility of students of the Medical University of Lodz for studies abroad under the Erasmus+ program in EU countries and third countries affiliated and unaffiliated with the program from Regions 13 and 14**

**Action 1 - Educational mobility**

**Agreement No. KA131-2024**

***To be completed by the mobility participant***

I, the undersigned ………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………

(name and surname, album number, field of study, Faculty)

I declare that I have completed mobility to: …………………………………………………………………

………………………………………………………………………………………………………………………………………

………………............................................................................................................................

(name of institution, town, country)

within the deadline……………………………………………………………………………………………………………

(dates of stay in the receiving institution)

I traveled to the selected institution:

☐ public transport: train, bus

☐ car shared on a carpooling basis

Date of start of the journey to the place of mobility……….……………………………………………..

means of transport………………………………………………………………………………………………………….

on the route from……………………………………..…………...………………………………………………………..

to………………………………………………………………………………………………………………………………………

(names of places)

Date of arrival:……………………………….…………………………………………………………………………………….

2. Date of start of the trip- return journey ……………………………………………………………………………

means of transport………………………………… on ………………………………………………………………………

the route from………………………………………….to…………………………………………………………………………

(names of places)

Date of arrival:………………………………..……………………………………………………………………………………

I am aware of criminal liability for submitting a false declaration under Art. 233 of the Act of June 6, 1997, Penal Code (Journal of Laws of 2021, item 2345

Date and signature of the mobility participant

……………………………………………………….

***Completed by the Foreign Cooperation Office, Medical University of Lodz***

I confirm that:

☐ The mobility participant has made travel documents available for inspection (tickets, ticket purchase confirmations)

☐ The mobility participant did not present proof of travel (only possible in the case of carpooling)

☐ The amount of funding awarded does not change;

☐ The amount of funding is reduced from the amount of…………………………………….. to the amount

of…………………………………….Therefore, the mobility participant was informed about the need to return

the amount…………………………………………………………………………..for the difference in funding.

…………………….…….……………………………………….

Date and signature of the DWZ employee