**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. KA131-2025**

***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 applying for funding …………... (max.4), i.e. 2 day before the start of mobility and 2 day after its completion, needed to cover the distance ………..………. km between the place of departure and the place of operation.

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.

☐ The Mobility Participant receives financing for......................................... travel days

☐ The Mobility Participant does not receive financing for... ……………………….travel days

…………………….…….……………………………………….

Date and signature of the DWZ employee