**Student’s Statement**

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| --- | --- | --- | --- |
| Jméno / Given name | | Příjmení / Surname | |
|  | |  | |
| Datum narození / Date of birth | email | Fakulta ČZU / Faculty at CZU | Hostitelská uni. / Receiving ins. (Erasmus code) |
|  |  |  |  |

International Relations Office

Czech University of Life Sciences Prague

e-mail: outgoing@czu.cz

www.czu.cz

1. I confirm that I have arranged insurance (including repatriation) for the whole duration of my Erasmus + study period. If my stay is prolonged, I will also extend my insurance and provide proof of it.
2. I declare that throughout my studies at universities and colleges in the Czech Republic or abroad:

☐ I have **not** completed an Erasmus or Erasmus Mundus study stay or traineeship abroad and have therefore never received an Erasmus or Erasmus Mundus scholarship;

☐ I have completed a study stay or traineeship abroad under the Erasmus or Erasmus Mundus programme and this mobility is properly completed and all documents are submitted.

Highlight level of study during past Erasmus mobility: bachelor / master / doctoral

Exact duration of the mobility (DDMMYYYY) **FROM:**  **TO:**

1. I acknowledge that **within 14 days** (unless specified otherwise) since the end of the study stay period according to the Participation Agreement (or the Amendment to the PA), I will deliver (or fill in online) the following documents.

* *Online Learning Agreement* - the part Before the Mobility - online (in case the receiving university does not sign the online version, it is necessary to supply a paper version)
* *Online Learning Agreement* - part During the Mobility - online (in case the receiving university does not sign the online version, it is necessary to supply a paper version)
* *Final report* - only online
* *Second OLS language test* - only online
* Copy of *Transcript of Records* (the original remains with the student) – can be submitted in pdf
* *Learning Agreement* - part After the Mobility (or any other document confirming the period of stay) - **original document** (original is either in paper form with classical signature or as a pdf document with a signature in the form of the qualified certificate)
* *Confirmation of recognition of the courses completed at the foreign university* - to be delivered within a reasonable time (max. 2 months) after the return. For this purpose, you can use Table D from the Learning Agreement or another document. It must be signed by the relevant faculty at CZU.

I understand that I will be obliged to return my scholarship if any information is concealed or enclosed incorrectly.

I acknowledge that I will immediately notify any changes concerning my Erasmus + study stay (departure, dates, etc.) to the International Relations Office by e-mail sent to:

**erasmus\_outgoing@rektorat.czu.cz**

Date: Signature: