**Declaration on international mobilities pursued to date**

**Please fill in the application form and tick the box.**

**Name and surname of the Student** ………………………………………………………………

**Student’s ID number**  ………………………………………………………………

**I declare that:**

□ 1) I have never pursued student mobility for studies or traineeships within the framework of LLP Erasmus/Erasmus+/Campus Europae/Scholarship and Training Fund
□ 2) I previously pursued an LLP Erasmus/ Erasmus+/Campus Europae/Scholarship and Training Fund mobility for **studies** with / without scholarship grant in the …………………………………….. academic year;

in the period (according to Confirmation of Stay) between ……….………….…… and ………………..……………;

in the host institution named …………………………………………………………………………………………..………………….
country : ………………………………………………………………
during: first-cycle studies/second-cycle studies/third-cycle studies/uniform Master's degree studies
 at the UL / other institution ………………………………………………………………
□ 3) I previously pursued an LLP Erasmus/ Erasmus+/Scholarship and Training Fund mobility for **traineeships** with/without scholarship granted in the …………………………………….. academic year;
in the period (according to Confirmation of Stay) between …….…………………. and …………………….…………;
in the host institution named …………………………………………………………………………………………..………………………
country: …………………………………………………
*during*: first-cycle studies/second-cycle studies/third-cycle studies/uniform Master's degree studies
at the UL / other institution …………………………………

□ 4) I have been qualified for Student mobility for **Studies** from the University of Lodz within the Erasmus+ in …………………………………………. semester ……………………..…………… academic year to the host institution ………………................................................................. in ...................................................... (country name)
in the period (according to **Acceptance letter/Academic calendar of the host institution)** from …………………………………. to ………………………………………...
during: first-cycle studies/second-cycle studies/third-cycle studies/uniform Master's degree studies
at the UL / other institution ………………………………………………………………

**Date and signature of the Student:**

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