

Statement

of obligation to perform:

- recognition of the diploma
- provide a sworn translation
- having valid insurance policy
- informing about changes of personal details
- submitting the request for a place in a dormitory
- approval for receiving information by e-mail.

I,, the holder of passport no.:, declare as follows:

1. I have been informed about the necessity of recognition of the diploma issued in my country of origin, which is to be obtained within the first semester of my Bachelor's Degree Studies at the University of Lodz. Failure to submit the proof of recognition results in removing from the list of students. This does not apply to:

- Master's Degree and PhD Studies;
- persons whose high school leaving certificate may be recognized as equivalent to the appropriate Polish certificate, based on an international agreement.

2. I have been informed about the obligation to provide a sworn translation of my *high school leaving certificate along with its grade transcript / higher education diploma along with its grade transcript **, not later than the end of my first study semester at the University of Lodz.

3. I have been informed that I am obliged to maintain valid insurance policy in case of illness or accident valid for the period of studying in Poland, or to hold the European Health Insurance Card (EHIC), or to obtain insurance from the National Health Fund (or other insurer) immediately after my arrival for studies. I declare that I will submit the copy of my current insurance policy to the Dean's office at my Faculty, and the UL International Students Office yearly.

4. In case of any change to my personal details (address, telephone number, e-mail), I will immediately inform the International Students Office and the Dean's office at my Faculty.

5. Whenever planning to stay in a UL dormitory during the following year of study, I commit myself to submit the *Request for granting a place in dormitory for the next academic year* not later than 31 May of the previous academic year. Furthermore, I am aware that if I fail to submit the *Request* in time, the University of Lodz may not guarantee a place in the dormitory.

6. I agree to receive information by e-mail regarding cultural events, contests or other initiatives for international students.

YES NO

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date

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signature