Appendix No. 1.4 to the Regulations for awarding benefits to students, introduced by the Order No. 79/2023 of the Rector of MUB dated 01.09.2023

Forename and surname

Faculty

Year of study

Programme

**STUDENT'S DECLARATION**

 **Aware of the criminal liability for making a false statement, I declare the following:**

1. **I declare that I am not receiving benefits for more than from the above programme** (§93 sec. 1 of the Law on
Higher Education and Science);
2. **I am a graduate of the programme:**

[ ]  no

[ ]  yes (if answered positively, please fill in the table below)

| **Graduate:** | **Name of the university** | **Programme** | **Year of completion** |
| --- | --- | --- | --- |
| **of the first-degree studies** |  |  |  |
| **of the second-degree studies** |  |  |  |
| **of the uniform Master studies or equivalent studies** |  |  |  |

1. **I am/was a student of another programme. I declare that since graduating from secondary school I have been studying at university (including another university)**

[ ]  no

[ ]  yes (if answered positively, please fill in the table below)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the university** | **Programme** | **Date of commencement and graduation** | **Number of semesters** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Date of emergence of disability** (to be completed by a student applying for a grant for disabled persons):

**Date and student's legible signature:**