

Erasmus+ Top-ups: Declaration on Honor

Erasmus+ Studies, Traineeships and Short-term Mobilities 2026/27

Erasmus+ Student Mobility

Surname, Name _____

Date and Place of Birth _____

Type of Stay Studies
 Traineeship
 Short-term Mobility
Doctoral Mobility, Blended Short-term Mobility, Blended Intensive Program (BIP)

Start Semester Winter Semester 20__ / __ Summer Semester 20__

Host Institution and Country _____

Erasmus+ Top-up: Social Top-up for Equal Opportunities and Inclusion

(single option)

Students of the below listed target groups are eligible to apply for the social top-up of EUR 250 per month (30 days). If you meet the criteria for one of these target groups, please tick the box:

- Students with chronic illness or disability (GdB \geq 20)
Supporting documents for chronic illness: medical certificate issued in Germany
Supporting documents for disability: severely disabled person's ID card, notice from the state social welfare office
- Students travelling with child/ren
Supporting documents: birth certificate and travel documents of the child
If accompanied by partner: I certify that my partner does not receive any additional funding with regard to the same child.
- Students with gainful employment
Supporting documents: pay slips or tax returns
- First-generation academics
Supporting documents: parents'/guardians declaration on honor stating their educational qualifications

Erasmus+ Top-up: Green Travel

(multiple answers possible)

For sustainable, green travel, a higher travel allowance is offered and up to 6 travel days are funded. Please indicate which sustainable means of transport you will use for the majority of your outward and return journey:

- Bus
- Train
- Car-Pooling
- Other: _____

I confirm that I will complete my above mentioned stay abroad as planned. I have read and understood the [information on Erasmus+ top-ups, guidelines and eligibility criteria](#). I hereby declare that I meet the criteria, am eligible to apply for the top-up(s) given above and have the required supporting documentation. I am aware that a random check of supporting documents may be carried out, for which I must keep and retain appropriate travel documentation for a duration of 5 years. I have given all information to the best of my knowledge and belief. I will reimburse the approved funds in the amount required by the University of Siegen in the event that any information is incorrect or a deadline set by the University of Siegen for the submission of documentation expires without result.

Participant

Place, Date

Erasmus+ Institutional Coordinator
(Counter-signature will be provided after receipt of documents)
Siegen,

Place, Date

Signature

Signature