

Erasmus+ Top-ups: Declaration on Honor

Erasmus+ Studies, Traineeships and Short-Term Mobilities 2024/25

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: Equal Opportunities and Inclusion

(single option)

- 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' declaration on honor stating their educational qualifications

Erasmus+ Top-up: Green Travel

(multiple answers possible)

- Number of additional travel days (0-4): _____
- Sustainable means of transport used for the majority of the 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 Erasmus+ Top-up information, guidelines and eligibility criteria (<https://www.uni-siegen.de/outgoing/europe/grant/top-up/opportunities/>). 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

Erasmus+ Institutional Coordinator

Place, Date

Place, Date

Signature

Signature