**Internship registration - declaration**

Upon receiving a scholarship from the Erasmus + program, the Institutional Plan, the Mobility Fund or the CEEPUS program for support the international mobility of students of the 2nd Faculty of Medicine, I declare that I have registered my stay abroad in the Register of Internships in SIS.
Upon returning from the traineeship, I will notify my study that I have completed and / or terminated the stay assistant within five working days.

Foreign internship is carried out within / on the basis of (tick the appropriate option):

a) IFMSA
b) Erasmus +
c) inter-faculty agreements
d) inter-university agreements
e) students with "free movers" status
f) CEEPUS
g) other

Name and Surname:……………………………………………………………………………………………….

Study program:….………………………………………………………………………………………………….

Study Year:…………………………………………………………………………………………………………..

Receiving Organization:……………………………………………………………………………………………

Term of stay: ……………………………………………………………………………………………………..…

Datum : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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