Acceptance of the Erasmus+ Partner Countries KA107-2017 scholarship

I, ... *(full name) with passport number*

.................................., accept Erasmus+ Partner Countries KA107-2017 scholarship for

studies / STAFF mobility at the ....

(full name of hosting university)

And certify that:

1. The information in this application is accurate; I do not have any physical diseases or disabilities which would compromise my participation to the Erasmus+KA107 mobility program. I certify that I will inform about personal changes and additions immediately to the UIB coordinator.
2. I have not previously participated in an ERASMUS+ mobility programme, and if I did the two stays do will not exceed 12 months per cycle of study (undergraduate, Master's, and doctorate students).

Date and place: ....

Signature: ....