



Acceptance of the Erasmus+ Partner Countries KA107 scholarship

I, *(full name) with passport/ID number*, accept Erasmus+ Partner Countries KA107 (2019-22) scholarship for studies / STAFF mobility at the
..... *(full name of hosting university)*

And certify that:

1. The information in this document 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 several stays do will not exceed 12 months per cycle of study (undergraduate, Master's, and doctorate students). This point does not apply to staff mobilities.

Date and place:

Signature: