**Erasmus+**

**Declaration on honour "fewer opportunities“**

**Students with chronic illness**

**Additional funding 250 EUR/per month**

**Personal Data Student**

|  |  |
| --- | --- |
| **Surname** |  |
| **First name** |  |
| **Date of birth** |  |
| **Matriculation number TU Chemnitz** |  |
| **Erasmus+****Host university and host country** |  |
| **Period of stay (from-to month/year)** |  |

Admission requirement: The student (see "Personal data Student") has a chronic illness which causes additional financial needs.

I (see "Personal Data Student") confirm by means of this declaration on my honour that I meet the above-mentioned eligibility requirements for receiving the Erasmus+ "fewer opportunities" supplementary grant for students with a chronic illness in the amount of EUR 250 per month. I also confirm that I have the relevant evidence to prove that I meet the access requirement for receiving the above-mentioned additional funding, that I will present this to the International Office of Chemnitz University of Technology upon request and that I am aware that I must refund any funding received to Chemnitz University of Technology in the event of false statements.

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Place, date Signature Student