**UNIVERZITET U SARAJEVU | ERASMUS+**

**IZJAVA O STATUSU KANDIDATA/KINJE SA OTEŽANIM MOGUĆNOSTIMA**

***Declaration of Honour for participants with fewer opportunities***

**I OSOBNI PODACI**

**I PERSONAL DATA:**

|  |  |
| --- | --- |
| **Ime i prezime**  **Name and Surname** |  |
| **Adresa**  **Address** |  |
| **Studijsko polje (odaberi članicu UNSA)**  **Study field (select the member unit of UNSA)** | Odabrati matičnu instituciju kojoj pripadate. |
| **Akademska godina**  **Academic year** |  |

Ovim putem se prijavljujem za dodatno financiranje Erasmus+ za učesnike s otežanim mogućnostima u iznosu do 250 € mjesečno. Izjavljujem da se jedan od sljedećih kriterija (u nastavku) za dodatnu financijsku podršku odnosi na mene (molimo da označite samo jedan kriterij!). Tražene dokumente kao dokaz ću čuvati pet godina nakon završetka mobilnosti kako bih ih dostavio/la na upit. Služba za međunarodnu saradnju Univerziteta u Sarajevu (a na upit inostrane institucije domaćina) ih može zatražiti od mene. Ako ne dostavim dokaz, morat ću vratiti dodatna sredstva Erasmus+ za učesnike sa otežanim mogućnostima.

*I hereby apply for the Erasmus+ additional funding for participants with fewer opportunities amounting to €250 per month. I declare on my honour that one of the following criterion (below) for the additional financial support applies to me. (Please tick only one criterion!) I will keep the documents listed below (in cursive) for five years after the end of the mobility in order to present them at a possible examination. The International Relations Office of University of Sarajevo (following the demand of the Erasmus+ host institution abroad) can request these from me on demand. If I do not provide proof, I will have to repay the Erasmus+ additional funding for participants with fewer opportunities.*

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| Invalidnost / Disability |
| Zdravstveni problemi / Health Issues |
| Socioekonomske barijere / Socioeconomic barriers |
| Studenti romske populacije / Roma students |
| Studenti iz alternativne brige / Students from the alternative care system |
| Nezaposlenost / Unemployment |
| Studenti sa djecom / Students with child/children |
| Prvi put student / First time academics  Svojim potpisom potvrđujem da ne posjedujem diplomu visokog obrazovanja / With this signature I confirm I do not have higher education degree   |  |  | | --- | --- | | Ime i prezime roditelja 1 / Name and surname of parent 1 | Potpis / Signature | | Ime i prezime roditelja 2 / Name and surname of parent 2 | Potpis / Signature | |

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Datum, potpis studenta / Date, Signature of the student