Warsaw,		
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Student's signature

UNDERTAKING

Name and surname:
Faculty:
Year of studies:
Address:
Phone:
E-mail:
I hereby undertake to submit ERASMUS+ 2024/2025 <i>Transcript of Records</i> obtained during the mobility until in order to meet the registration requirements.
I acknowledge that the lack of this document in the Centre for International Cooperation by the above mentioned date will result in the obligation to return the scholarship.