

AFFIDAVIT ON DOMESTIC AND FOREIGN INCOME *

I: STUDENT'S PERSONAL INFORMATION	
Surname and Name:	Student Book No.
Faculty:	
Field of Study:	
Profile:	Year of Study:
Studies: ☐ Full Time ☐ Part Time ☐ I° ☐ II° ☐ Unifo	rm Master's
Address for Correspondence:	
II: AFFIDAVIT ON BENEFIT PROCEEDINGS IN ACADI	EMIC YEAR 2023/2024
I hereby declare that I have obtained the following income sin	ce 1 January 2022 until the submission of the application:
Period of earned income	Source of taxable income received taxed and non-taxed
(i.e., date of the employment relationship and termination, the date of obtaining and losing the right to pension, retirement, etc.)	(i.e., institution, type of benefit)
I am aware of the criminal liability for making a false stateme of Law of 2023, Item 390, as amended)). * The statement must be completed by each adult member of	ent (Family Benefits Act of November 28, 2003 (<i>Uniform text:</i> Journal the family.
Place, Date	Signature of the person submitting the Affidavit
III: TO BE COMPLETED BY A UNIVERSITY EMPLOYE	Œ
NOTES	
	Date of submission of Affidavit and employee's stamp and signature