



AFFIDAVIT ON PROGRESSION OF STUDIES

I: STUDENT'S PERSONAL INFORMATION

Surname and Name: _____ Student Book No.

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Faculty: _____

Field of Study: _____

Profile: _____ Year of Study: _____

Studies: Full Time Part Time I° II° Uniform Master's

Address for Correspondence: _____

II: AFFIDAVIT ON BENEFIT PROCEEDINGS IN ACADEMIC YEAR 2023/2024

Aware of the criminal liability for making a false statement (Family Benefits Act of November 28, 2003 (*Uniform text: Journal of Laws of 2023, item 390, as amended*)), I hereby declare that since the date of commencement of studies for the first time after the secondary education completion exam I have been a student of the following universities (state all the fields of study started since the date of commencement of studies for the secondary education completion exam:

Item	University, Field of Study	Level of study: (1st, 2nd degree, uniform Master's)	Period of studies: from month/year from month/year	Has the study been completed: yes/no	Number of semesters commenced during which I had student status

Place, Date

Legible signature of the student

III: TO BE COMPLETED BY A UNIVERSITY EMPLOYEE

NOTES	
_____ Date of submission of Affidavit and employee's stamp and signature	