



UNIVERSITÄT GREIFSWALD *International Office, Domstraße 8, 17489 Greifswald, Deutschland*

Please only submit this form if you are entitled to compensation for at least one of the named disadvantages. Please send the completed and signed document via mail to exchange@uni-greifswald.de.

Declaration of Honor for Compensation for Disadvantages

I, _____ (born _____) hereby declare, that I will take part in a period of stay abroad for the purpose of _____ at the institution _____ and that, at the time of my application, challenging circumstances affect my current living and study situation. Therefore, I qualify for a compensation for disadvantages.

Please tick the following boxes (if they apply)¹.

	Social criteria
<input type="checkbox"/>	Chronical illness or disability
<input type="checkbox"/>	Refugee background (e.g. refugee/ child of refugees with German nationality)
<input type="checkbox"/>	Student with (a) child(ren)
<input type="checkbox"/>	Employment (at least €250 per month)
<input type="checkbox"/>	Caring for relatives
<input type="checkbox"/>	First member of the family to be educated at a university
<input type="checkbox"/>	Foreign university entrance qualification
<input type="checkbox"/>	Others (please provide further details under comments)

Comments

I am aware that for verification purposes I am required to present the corresponding evidence upon request to the International Office of the University. I have provided the details to the best of my best knowledge.

Participant/student
<p>Signature _____</p> <p>Town: _____, on the _____</p>

¹ This data is treated confidentially and not passed on or made accessible to third parties.