*Appendix 2 to the* *Regulations*

**Statement of Intent to Participate in the PROM Project – Short-Term Academic Exchange
(for persons arriving at the University of Lodz)**

I, ……………………………………………………………………………………………………………….., am a **doctoral student/employee[[1]](#footnote-1)**

 *(full name)*

……………………………………………………………………………………………………………………………………………………………………………...
 *(full name and address of the institution/university/doctoral school)*

citizen of …………………………………………………………………………………………………………………………………………………………
 *(please state your citizenship)*

hereby declare that I have read and understood the internal Regulations for the implementation of the PROM Project at the University of Lodz, financed by the Polish National Agency for Academic Exchange, and I agree to participate in the call for applications for financial assistance for the following activities:

**ð** Active participation in an academic conference abroad (presentation, including participation in a poster session)

**ð** Acquisition of materials for a doctoral dissertation/scientific article

**ð** Participation in a summer/winter school

**ð** Performing measurements using unique equipment, including large research infrastructures unavailable (or difficult to access) in Poland

**ð** Participation in a short form of education: **ð** course **ð** workshop **ð** traineeship **ð** study visit **ð**  training session

**ð** Performing an archive or library search

**ð** Conducting didactic classes

**ð** Participation in the preparation of an international grant application

**ð** Participation in other short forms of education aimed at enhancing competences

at the University of Lodz between ……………………………..…… and …………………..…………….. .

I am aware that if my application is funded under the Project, I will receive the following amount ………………………................. (total in PLN), which includes:

* PLN ……………………….... – a lump sum for the mobility scholarship;
* PLN …………………………. – a lump sum for travel;
* PLN ……………………….... – a lump sum for accommodation;
* PLN …………………………. – actual costs (for participation in short forms of education, e.g., courses, training, summer schools, conferences).

I also consent to the payment of the amount (in cash) at Bank Pekao SA in Łódź upon arrival in Łódź and completion of formalities.

I declare that my academic supervisor at the University of Lodz will be:

Full name: …………………………………………………………………………………..

Academic title/degree: ………………………………………………………………………

Unit/faculty/department: ……………………………………………………………….

Email address at the University of Lodz: …………………………………………………………………………….

………………………………………………

 date and place

………………………………………………

 signature of the person arriving at the University of Lodz

1. Please delete as appropriate. [↑](#footnote-ref-1)