**Annex 4**

**AFFIDAVIT**

The undersigned........................................................................, student in the............... year, academic year 2019/2020, at the faculty of Medicine/Dental Medicine/Pharmacy, hereby declare the followingele:

1. I have read and understood my rights and obligations as an Erasmus student, as they are stipulated in the Erasmus Student Charter and the provisions of the european Commission;
2. I vow to observe the study/traineeship programme as it is stipulated in the learning/traineeship agreement;
3. I am familiar with **the curriculum of our university and the curriculum of the partner institution** and I have seen that the two are **compatible**;
4. I am aware that if upon my return from the mobility, after the validation of my results obtained during the mobility, I **do not obtain the minimum number of necessary credits** for passing the year (**50 credits/study year**), I will fail the year and I will have to retake the respective study year;
5. I am aware that I am fully responsible for **any change** I make in my Learning Agreement and I will face the potential consequences arising from such changes.

Name and first name

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Signature

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Timișoara ..........................................