

DECLARATION OF SUTABILITY

Name:	
Place and date of birth	
Mother's name:	
Address:	

I declare that I do not have any disease (medical condition) or any other condition (I do not suffer from dyslexia, dysgraphia, dyscrachia, psychological and mental disorder) that would hinder my studies in higher education and, on this basis, I will not ask for an exemption during my studies.

Date:

Signature of the applicant