V I C E R R E C T O R A D O D E R E L A C I O N E S I N T E R N A C I O N A L E S

UNIVERSIDAD DE ALCALÁ

Plaza de San Diego, s/n

E-28801 Alcalá de Henares - ESPAÑA

DECLARATION OF HONOR

 , student (Name, Surname)

from , with Passport/ID number (Home University name)

 , that has been accepted as **NO- ERASMUS** mobility exchange

U N I V E R S I D A D D E A L C A L Á , P A T R I M O N I O D E L A H U M A N I D A D

student during the academic year ----/----.

I hereby declare that:

I own a Health Insurance Policy with international coverage.

Repatriation in case of death, illness or accident.

Surgical expenses are prepaid or assumed by the insurance company in advance

Company:

Policy number:

Contact in case of accident:

In , / /

Signature.: