Appendix No. 5

to Information No. 9/2020  
of the Vice Rector for Student Affairs   
of Lodz University of Technology

of July 20, 2020

**Statement**

from a student/doctoral student taking part in classes held on the premises of Lodz University of Technology during the period of restrictions on the functioning of the university in relation to the prevention, counteracting and combating COVID-19

Full name of the student: ……………………………………………………………………………………………………..

Student ID number: ……………………………….

Faculty: ………………………………………………………………………………………………………………….………………

Field of study: …………….…………………………………………………………………………………………….……………

By making this statement I:

1. I express my consent to take part in the classes in ………………………………. (*course name*) held in the ………………………………. semester on the premises of the University.
2. I declare that I have understood and accept the terms of administering the examination/assessment which result from the restrictions on the functioning of Lodz University of Technology caused by the SARS-CoV-2 outbreak.
3. I declare that I do not show any symptoms indicating SARS-CoV-2 infection, I am not quarantined on suspicion of SARS-CoV-2 infection, I am not aware of having had contact within the last 14 days with persons suffering from Covid-19, quarantined or otherwise isolated due to the possibility of infection with the virus.
4. In the event of the occurrence of circumstances specified in point 3 above, I shall be obliged to notify the instructor immediately by phone or by e-mail.

Łódź, date …………………………… …………………………………………

signature