Appendix No. 6

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 an examination / assessment administered 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 examination/assessment in ………………………………. (*course name*) administered on …………………. (*date*) 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.

Łódź, date …………………………… ..……………………………

signature