

Declaration of honour on compensation for disadvantages

Please complete the form, sign it and send it by e-mail to international@fh-potsdam.de along with your application.

I _____, born on _____, hereby confirm that when applying for a stay abroad for the purpose of a _____ at the institution _____ challenging life circumstances affect my current living and study situation. I therefore qualify for compensation for disadvantages.

Please tick the applicable social criteria ¹.

- Chronic illness or disability
- Refugee background (e.g. refugee/child of a refugee with German citizenship)
- Pregnancy and/or student with child(ren)
- Caregiver for relatives
- First-time graduate
- Foreign university entrance qualification
- Other (please explain in the comments section below)

Comments

I am aware that I must submit proof of my details to the International Office of the University of Applied Sciences Potsdam for verification upon request. I have provided all information to the best of my knowledge and belief.

Participant/Students

Place _____ Date _____ Signed _____

¹ Data will be treated confidentially and will not be passed on to third parties.