............................................................................... .........................................

Student first and last name city, date

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Department-Faculty-Specialization

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Album no

**Statement on the implementation of additional activities**

I declare that I have participated, organized, developed\*:

…………………………………………………………………………………………………………………………………………………………….

(activity name)

organized by: …………………………………………………………………………………………………………………...

…………………………………………………………………………………………………………………………………………………………....

(organizer name and address)

dated on ...............................................................................................................................................

(from …to…/day, month, year)

in the hours of ………………………………………………………………………………………………………………………………..

(provide hourly timing/does not apply)\*

Above statement may be confirmed by

………………………………………………………………………………………………….................................................... (indicate first and last name/ name\* of the activity organizer)

………………………………………………………….

(signature of the person submitting the statement)

…………………………………………………………………………………………………………….

\*(remove as appropriate)