



## DECLARATION BY THE PERSON IN CHARGE OF INSURANCE FOR AN INTERNATIONAL ACADEMIC STAY

---

*(Full name of the student)*

UPC student with DNI number:

---

*(DNI number, NIF or NIE)*

I hereby declare that:

- I have medical insurance that covers me in the receiving country.
- I have coverage for transfer or repatriation in the case of illness, accident or death.

In addition, I DECLARE that, if my international academic stay is extended, I will extend the insurance policies I currently have or I will buy one that covers the period of extension of my stay.

Finally, I hereby state that I have been informed that the UPC is exempt from covering any expense stemming from my stay and that it will in no case be responsible for material expenses resulting from theft or loss, medical or hospital expenses or the cost of transfer or repatriation.

In witness whereof, I sign this declaration.

---

*(Signature)*

Barcelona,

---

*(day, month and year)*