

To the
GRADE Center Gender
Cornelia Goethe Center
Goethe University Frankfurt
Theodor-W.-Adorno-Platz 6
Postfach PEG 4
60629 Frankfurt am Main
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Date:

Declaration Form (GCG-RF-02-EN)

Declarant:

Title, Surname, First Name:

Faculty:

Institute:

By signing this letter, I assure you that all costs incurred, in the total amount of _____ Euro, have been incurred on my behalf.

Furthermore, I certify that I have not applied for reimbursement of the costs elsewhere.

Date

Signature Declarant