

Name

Address

Place, Date

Declaration by **First name Last name, born on **dd.mm.yyyy**, to leave Switzerland upon completion of studies at the University of Lucerne**

Dear Madam/Sir,

I have been admitted to the Master Program in Health Sciences at the University of Lucerne. My studies start on ** dd.mm.yyyy ** and will presumably last until **dd.mm.yyyy**.

I herewith confirm that I will leave Switzerland immediately after having completed my studies at the University of Lucerne. Upon my return to **X**, I intend taking up work at **X**.

Yours sincerely