COMPOSTELA GROUP OF UNIVERSITIES CHAIR

Call 2024

Declaration of responsibility

I (undersigned person) **Name and surname**
with ☐ identification card ☐ passport **Number of ID card or passport**
HEREBY DECLARE that the data provided in this online application form and the annexes submitted with my application for the Compostela Group of Universities Chair 2024 are true and correct and, in the event that they change, I undertake to report any changes immediately so that they have the appropriate effect in the current edition.

I DECLARE that I acquired the commitment to comply with and respect the guidelines of 2024 call.

Date: Signature: