

Compostela Group of Universities Associate Membership Form

Full and official Name of the Institution	
Postal address	
Zip code and city	
Country	
Web site	

Legal reference:

National Register Number <i>(Should there be no national register number, indicate the reference in the official journal where it shows that the institution is recognised as an institution of higher education by the respective government)</i>	VAT identification number

Legal representative of the Institution *(entitled to sign in name of the institution):*

Name(s):	First name(s):
Academic Title:	Position:

Responsibility Statement of the Institution:

'I hereby confirm the membership of the Institution of which I am the legal representative to the network, with the commitment to ensure the participation of my institution in implementation of the Bylaws and Statutes of the Compostela Group of Universities'

Date, signature of the Legal Representative and Stamp of the Institution

Identification of the CGU Delegate in your Institution *(main contact person):*

Name(s):		First name(s):	
Academic Title:		Position:	
Postal address			
Zip code and city			
Country			
Tel.:	+	Fax:	+
E-mail:			

Institutional information of the applying entity**Name of the Institution:****Public entity** **Private entity** **In numbers*¹:**

1. Staff

2. Annual budget

3. Does the institution participate in national research programmes?

Yes No

4. Does the institution participate in international research programmes?

Yes No **If your answer to 3 and 4 is 'yes', please indicate the names of the programmes in which the institution is involved currently.**

National programmes:

International programmes:

¹ Data included in this form should refer to the last academic year for which official data are available.*Year of reference:**

The data collected in this form will not be used for evaluation purposes, only for data collection and statistics.