

**ANEXO IX.
COMMITMENT TO THE SIGNING OF THE ERASMUS+ INTERINSTITUTIONAL AGREEMENT**

INFORMATION ABOUT THE APPLICANT

Full name:			
ID Number:		E-mail:	
University:			

INFORMATION ABOUT THE CONTACT PERSON AT THE HOST UNIVERSITY

Full name:			
Email:		Post:	
University:			

BOTH PEOPLE ABOVEMENTIONED ACKNOWLEDGE AND DECLARE THAT

1. That the host institution agree to sign the Erasmus+ Interinstitutional Agreement with the ceiA3 Consortium in order to be able to host mobilities during the academic year 2017-2018.
2. That we know that if this agreement is not signed before the beginning of the mobility, it cannot be performed, and the applicant lose the right to received any economic grant.

Signed in _____, ____ of _____ of 2017

The applicant	The contact person at the host university (signature and stamp)