

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

INFORMATION ABOUT THE STAFF APPLICANT

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

INFORMATION ABOUT THE CONTACT PERSON AT THE HOST UNIVERSITY

Full name:			
Email:		Post:	
University:			
Erasmus CODE:			

BOTH PEOPLE ABOVEMENTIONED ACKNOWLEDGE AND DECLARE THAT

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| <ol style="list-style-type: none"> 1. That the host institution agree to sign the Erasmus+ Interinstitutional Agreement with the ceiA3 Consortium in order to be able to host Staff Mobilities during the academic year 2018-2019. 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. |
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Signed in _____, ____ of _____ of 2018

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