

THIS DOCUMENT IS ONLY FOR SCHOLAR ERASMUS MUNDUS GRANTS APPLICANTS¹

(It must be signed by the applicant and up-loaded at the end of the on-line application form)

- I **confirm** that the information provided on this application form is true, complete and accurate, and that no information requested or other material information has been omitted. I give my consent for the Partner Universities to use the information I have provided to create my applicant record.
- I **agree** that this application and accompanying documents shall remain with the WOP-P Programme Consortium.
- I **agree** that the WOP-P Consortium provides my contact data to the EACEA (Education, Audiovisual and Culture Executive Agency) and to the Erasmus Mundus National Structures, if necessary.
- I **understand** that incomplete information will delay the application process and I **accept** that incorrect information will render the application invalid.
- I **agree that**, in case it is decided by the WOP Consortium, my Results of Selection can be made public in the web page of the WOP Programme (<http://www.erasmuswop.org>) by using my passport or any of my identification numbers which I have provided in this application.
- I **confirm** that I'm applying as scholar for the Erasmus Mundus Grants to participate as professor in WOP Programme.
- I **understand** that, if admitted to the WOP programme, and if my funds should at any time during my participation prove to be inadequate, the WOP or Erasmus Mundus programme will not be able to provide me any financial assistance other than the amount of my Erasmus Mundus grant.
- I **am aware** that the minimum period of participation in an Erasmus Mundus Master Programme is two weeks and that the maximum period of participation in it is three months. And I **understand** that, if admitted, I'll be participating as scholar in WOP Programme the length of period that the WOP Consortium decides.

Please, from the following statements, you can only choose one option according to your situation:

- I **hereby declare** that I am enrolled in a institution located in any country of the World other than in Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom. And so, I **am aware** that scholars selected to contribute the WOP joint programme, will only participate in the European partner institutions.
- I **hereby declare** that I am enrolled in an institution located in France, Italy, Portugal and Spain. And so, I **am aware** that granted scholars enrolled in an institution located in France, Italy, Portugal and Spain, if selected, will be able to participate only in the University of Brasilia (Brazil) and in the University of Guelph (Canada).

In.....(place), on (date: dd/mm/yyyy)

(Your signature)

Signed by(name and surname)

¹ There is no possibility to participate as scholar in WOP-P programme without the EM Grants.