

OFFICIAL 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):	Surname:
Academic Title: <i>Dr., Prof. Dr., etc.</i>	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):		Surname:	
Academic Title:		Position:	
Postal address			
Zip code and city			
Country			
Tel.:	+		
E-mail:			

INSTITUTIONAL INFORMATION OF THE APPLICANT

Name of the Institution:

Public entity

☐

Private entity

☐

In numbers*¹:

1. Administrative staff
2. Professors and researchers
3. Number of students registered
4. Graduates per year
5. Post-graduate courses
6. PhD per year
7. Annual budget

8. Does the institution participate in national research programmes? Yes ☐ No ☐

9. Does the institution participate in international research programmes? Yes ☐ No ☐

If your answer to 8 and 9 is 'yes', please indicate the names of the programmes in which the institution is currently involved.

National programmes:

International programmes:

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.*