



SAMPLE LETTER OF COMMITMENT AND SWORN STATEMENT

[To be completed on institutional letterhead]

SAMPLE LETTER OF COMMITMENT

Place and date

Name of institution

Address of institution

Dear Sir or Madam,

In response to the call for proposals OMJ n°2010/(**01 or 02**), we hereby confirm our intention to submit a proposal for MOY labelling of an academic programme at the (**specify Master or doctorate**) level. The name of the programme is (**insert programme title**).

We hereby declare in the name of (**name and legal status of institution**) that:

- Our institution seeks MOY labelling under the aforesaid call for projects as (**specify whether institution is applying as the coordinating institution of a partnership or as a partner institution**).
- Our institution possesses the financial and technical capability to perform the activities described in the call for projects.
- No actual or potential conflict of interest prevents us from submitting our candidacy for labelling.
- We will immediately inform the Mediterranean Office for Youth in the event a conflict of interest arises during the labelling period.
- We are fully aware and accept that any false or incomplete information that is intentionally furnished in connection with our candidacy may result in our exclusion from the call for proposals.

Yours faithfully,

Printed name and signature of
institutional representative



[To be completed on institutional letterhead]

SAMPLE SWORN STATEMENT

I, the undersigned, **(name and position)**, declare on my honour that **(name of institution)**, having its main administrative offices at **(address)**

has not, since its founding on (date founded), been the subject of a judgement in legal proceedings related to any of the circumstances described in section 2.3 of the "Guide for institutions of higher education applying for MOY labelling of a Master or PhD programme and for students applying for an MOY mobility grant " nor is the institution presently engaged in any proceeding related to any such circumstance.

Signed at (place) on (date)

Signature and printed name of
institutional representative