

## **Declaration of Honour**

(to be completed by the Review Coordinator)

	(1	to be completed by the Review Coordinator)
Review Coo		tor:
Official nam	1e	
Address		
Contact per	son	
Phone		
E-Mail		
Authorised		
representative Function		
Applicant or		sation:
Official nam	те	
Review Tear	n:	
Chair:		
Members:		
Secretary:		
to which th Guidelines for I, as the aut that the revie renewal of i	e Ap r Qua thorise ew rep registr	dinator has coordinated an external review of the extent oplicant organisation complies with the Standards and lity Assurance in the European Higher Education Area (ESG). Bed representative of the Review Coordinator, acknowledge poort will be used to support the application for inclusion or ration of the Applicant on the European Quality Assurance or Education (EQAR).
interest in  the extern was coordi of the EQA  the Review the Review	inator coordi al rev inated AR Pro v Tear v Tear	is independent from the Applicant and had no conflict of inating the review; riew followed the agreed tripartite terms of reference and objectively, without bias and according to the requirements occdures for Applications; In members received appropriate training and briefing; Im members are independent from the Applicant and had no conflict of interest in exercising their role.

Place Date Signature (authorised representative)