Logotipo, nombre de la empresa

Descripción generada automáticamente

**ANNEX III**

**APPLICATION LETTER OF COMMITMENT**

**DIPLOMA COURSE "TSUNAMI ON THE COAST OF LATIN AMERICA AND THE CARIBBEAN: SCIENTIFIC BASES, HAZARD, AND VULNERABILIT****Y”**

As an applicant for the international diploma course “Tsunami on the Coast of Latin America and the Caribbean: Scientific Bases, Hazard, and Vulnerability” to be offered by the Pontifical Catholic University of Valparaíso from November 3 to 14, 2025:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Applicant's name*

FROM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Country of origin*

**I declare that all the information provided is true, correct, and complete, and if I am awarded the fellowship, I agree to comply with the following rules:**

1. To strictly comply with the diploma course program and its attendance requirements, participate in all activities with punctuality, dedication, and responsibility, and assume all institutional and personal commitments that my participation in the course entails.
2. Accept all conditions stipulated in relation to the diploma course program.
3. Respect the instructions provided during the diploma course program.
4. Not extend the training period established for the course or request changes to the date or itinerary of airline tickets.
5. Not interrupt my participation in the course, except in the event of illness or a serious situation that prevents me from continuing the training.
6. I do not have any restraining orders or legal cases that could prevent me from leaving the country or entering Chile.
7. I have the necessary international documentation to enter and leave Chile, in accordance with bilateral agreements between governments, throughout the duration of the course, including the travel dates determined by the fellowship.
8. I will not be accompanied by any family members or other persons.
9. Upon completion of the academic program and return to my country of origin, I will carry out activities to transfer the knowledge acquired and promote the implementation of my action plan developed during the course.
10. In case of withdrawal from the course, once selected, I will notify the AGCID focal point at least 10 days prior to the start of the course and indicate the reasons of force majeure that compel this decision.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , on \_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_.**

**(Location) (Month) (Day) (Year)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant's signature**