



Observer Declaration

Conflict of interest declaration:

I declare that I have no conflicts of interest as set out in section 3.6 - Requirements for Permitting Observers stated in the “Guidelines for AUN Quality Assessment and Assessors” for being an observer in the quality assessment below:

(insert the assessment title and name of institution and programme(s) being assessed)

Declaration:

I shall fulfill the requirements set out in section 3.6 - Requirements for Permitting Observers stated in the “Guidelines for AUN Quality Assessment and Assessors” in regard to the above assessment.

Name of observer: _____

Name of Institution: _____

Signature: _____

Date: _____

Completed form is to be sent to AUN Secretariat together with the request for observing AUN Quality Assessment at least 3 months before the date of assessment.