



## Statement of Agreement

Applicants' \_\_\_\_\_  
Name \_\_\_\_\_  
(Family) (First) (Middle)

**To the Applicant :** Please send this form in pdf directly to the CLTP office at [secretariat@cltp.info](mailto:secretariat@cltp.info) or upload to the online registration page.

### Statement of Agreement:

- ✧ I have read and understand application requirements and admission criteria for CLTP participants
- ✧ I certify that all information submitted on this online application is true. I understand that any questions answered incorrectly could result in cancellation of my application, or termination of my status as a CLTP participant.
- ✧ I have confirmed that all documents required for my application have been prepared for my application.

Signature of Applicant

\_\_\_\_\_

Date: \_\_\_\_\_  
Day/month/year