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**UNILATERAL DECLARATION**

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**by**:

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| Surname and name **– residing at:** address | |
| **Acting in the capacity of:** | Member of the examination committee/ reading committee /…, in its meeting of date |

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| **Project:** | Description / Title thesis  Name student  Faculty/Department |

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I accept the Confidential Information with the sole purpose of evaluating the above-mentioned thesis, and I shall not, during a period of **ten (10) years** from the date hereof, use the Confidential Information for any other purpose, or publish or disclose the Confidential Information to any third party without the written prior consent of UGent.

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| **Signature** |  |
| **Date**: |  |