DECLARATION

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DNI/Passport N° \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ that I am currently applying to the program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of Escuela de Postgrado of Facultad de Artes of Universidad de Chile, hereby declare that I am committed to have a health insurance, if I am accepted to the program before mentioned.

**Name and signature**

Santiago, \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_, 20\_\_\_\_\_\_