**REQUEST FOR THE AUTHORISATION OF A STAY IN A FOREIGN CENTRE**

*(This request will be submitted by the doctoral student in the EIDUCAM Secretariat for it to be approved by the Academic Commission of the Doctoral Programme in which he/she is registered, before carrying out a stay in an institution of higher education or in a foreign centre for the accreditation of the “international PhD” mention).*

**I. Personal Data**

 Surname: Name:

 ID (DNI or NIE):

 Address:

 Zip code: City: Province:

 Telephone: E-mail address:

The above identified doctoral student **REQUESTS** the authorization for the following stay:

**II. Data of the stay**

 Centre:

 Place (city and country):

 Starting date: Finishing date:

..............., on...............20.....

(Signature of the doctoral student)

Approved by

Mr/Ms

Supervisor or co-supervisor of the thesis

Signature:

Approved by

Mr/Ms

Supervisor or co-supervisor of the thesis

Signature:

Approved by

Mr/Ms

Supervisor or co-supervisor of the thesis

Signature:

Mr/Ms Coordinator of the Doctoral Programme

**AUTHORISES** to carry out the requested stay.

Date:

Signature of the coordinator