**SOLICITUD DE DEFENSA DE TESIS MEDIANTE VIDEOCONFERENCIA / APPLICATION FOR THESIS DEFENCE BY VIDEOCONFERENCE**

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| **DATOS DEL SOLICITANTE / CANDIDATE´S INFORMATION** | |
| Apellidos / Surname: | Nombre / First Name: |
| DNI o Pasaporte / ID or Passport Nº: | e-mail: |
| Programa de Doctorado / Doctoral Programme: | |

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| **SOLICITA / REQUEST** |
| Realizar la defensa de mi tesis doctoral mediante videoconferencia por los motivos que se detallan a continuación / To defend my doctoral thesis by videoconference for the following reasons: |

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| **DECLARACIÓN / *DECLARATION*** |
| MANIFIESTO QUE / *I DECLARE THAT*:  1. Acepto realizar la defensa de la tesis doctoral referenciada por videoconferencia mediante la plataforma proporcionada por la Escuela de Doctorado / *I agree to defend the above referenced doctoral thesis in a videocall using the platform that is offered by the PhD School*  2. Dispongo de los medios tecnológicos necesarios para participar en el proceso / *I have access to the necessary technological means to take part in this process* |

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| **FIRMA DIRECTORES / SIGNATURE DIRECTORS** | |
| Director: Nombre y apellidos / *First name & surname* | Firma/Signature |
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| **FIRMA Y FECHA SOLICITANTE / *SIGNATURE AND DATE CANDIDATE*** | |
| Fecha / *Date* | En\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a \_\_\_\_\_\_ de\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 2.02\_\_\_\_ |
| Firma / *Signature* |  |

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| **FIRMA Y FECHA APROBACIÓN COMISIÓN ACADÉMICA / SIGNATURE AND DATE OF APPROVAL ACADEMIC COMMISSION** | | |
| Fecha / *Date* | Firma COMISIÓN ACADÉMICA / *Signature, ACADEMIC COMMISSION* | Firma DIRECCIÓN E / *Signature, EIDUCAM MANAGEMENT* |
| Murcia, \_\_\_\_\_\_\_\_\_ de\_\_\_\_\_\_\_\_\_\_\_\_  de 2.02\_\_\_ |  |  |

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