**APPLICATION FOR REPLACEMENT AND/OR INCORPORATION OF THESIS SUPERVISOR(S)**

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| **DOCTORAL STUDENT DATA** | |
| Surname and first name: | |
| ID or Passport Nº: | e-mail: |
| **ACADEMIC DATA** | |
| Doctoral student programme: | |
| Thesis Title: | |
| Knowledge Area: | |

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| **Application date** |  |
| **Signature of the applicant** |  |

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| **REQUESTS** |
| The modifications, which are detailed below, in the direction of his doctoral thesis.**\*** |

**\* The application must be marked with the acceptance of new thesis supervisors and the acceptance or resignation of existing supervisors. It must be signed by all parties.**

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| **DIRECTOR** | | Surname and first name: | | |
| ID or Passport Nº: | | | University: | |
| e-mail | | | | Phone: |
| ACCEPT |  | (Date and signature): | | |
| RESIGNATION |  |

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| **DIRECTOR** | | Surname and first name: | | |
| ID or Passport Nº: | | | University: | |
| e-mail | | | | Phone: |
| ACCEPT |  | (Date and signature): | | |
| RESIGNATION |  |

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| --- | --- | --- | --- | --- |
| **DIRECTOR** | | Surname and first name: | | |
| ID or Passport Nº: | | | University: | |
| e-mail | | | | Phone: |
| ACCEPT |  | (Date and signature): | | |
| RESIGNATION |  |

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| **RESOLUTION OF THE ACADEMIC COMMISSION OF THE PROGRAMME** |
| The Academic Committee of the Doctoral Programme, at its meeting held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:  APPROVES the amendment to the Directorate.  REJECTS the amendment to the Directorate.  V.º B.º President Secretary, |