

APPLICATION FOR DOCTORAL THESIS JOINT SUPERVISION (UNIVERSITY OF ALCALÁ)

PERSONAL DETAILS

SURNAME(S) _____ NAME(S) _____

ID. _____ TEL. _____ E-MAIL _____

ADDRESS _____

POSTCODE. _____ TOWN/CITY _____

COUNTY/STATE _____ COUNTRY _____

PROGRAMME OF MATRICULATION: _____

REQUESTS that his/her doctoral thesis be completed on JOINT SUPERVISION with the University _____, said joint supervision being carried out in the framework of a specific agreement in accordance with the regulations approved by the University of Alcalá.

Alcalá de Henares, on

Signature of Thesis Supervisor

Signature of Student

Signed: **SUPERVISOR'S NAME**

Signed: **APPLICANT'S NAME**

PERMISSION OF DEPARTMENT / ACADEMIC COMMITTEE

At its meeting of _____ the Academic
Committee/Department of _____

informed:

FAVOURABLY

UNFAVOURABLY:

Grounds:.....
.....
.....

Alcalá de Henares, on
Signature of Head of Department and Stamp

Signed: **NAME HEAD OF ACADEMIC COMMITTEE/ DEPARTMENT**

PRESIDENT OF THE OFFICIAL POSTGRADUATE STUDIES COMMITTEE

In view of the report issued by the representative body of the department/ academic committee to which the student _____ - _____ is attached, the Official Postgraduate Studies Committee of the University of Alcalá informs:

FAVOURABLY

UNFAVOURABLY:

Grounds _____

In regard of the application for the Doctoral Thesis joint-supervision submitted in relation to the student

_____,
and herewith proceeds to process the corresponding specific Co-Tutorship Agreement.

Alcalá de Henares, on

PRESIDENT OF THE OFFICIAL
POSTGRADUATE STUDIES COMMITTEE

Juan Ramón Velasco Pérez