|  |  |
| --- | --- |
| Doctoral Programme |  |

STUDENT’S PERSONAL INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DNI/NIE/  PASSPORT | | Name | 1st Surname | | 2nd Surname (if applicable) |
| Sex  M F (circle) | Nationality | | | Email | |

FIXED ADDRESS

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Country | Post Code | | City/Town | | | | | Province/County |
| Address  (Street name) | | Number | | Floor/door | Phone | Mobile | May we provide others with this address?  Yes No (circle) | |

BIRTH

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Birth | Country | Post Code | **City/Town** | **Province/County** |

ACADEMIC-ACCESS DATA

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Master’s Degree, UAB |  | Master’s Degree, Non-EHEA |  | Health-Science Specialists (ECS) |
|  | Master’s Degree, Spain |  | Spanish Graduate, 300 ECTS \* |  | 2 Years Positive Assessment (ECS) |
|  | Master’s Degree, EHEA |  | DEA Diploma, Spain |  | PhD, Spain |
|  | Official university degree which has obtained correspondence to leve 3 ot the Spanish Qualifications Framework for Higher Education (MECES) | | | | |
|  | Degree of Engineering, Bachelor of Medicine, Psychology, Pharmacology, Veterinary and Law ( Only Spanish Studies) ( With the permission of the Academic Committee of the Doctoral Programme) | | | | |

|  |
| --- |
| **PhD Candidate’s proposal of thesis director (Information Required).** |

**Assignation of Tutor; provide name and surname (if it not belongs to the UAB must indicate your ID and University / Institution and Department / Institute to which it belongs)**

**-** Tutor (Information Required): ......................................................................................................................................

**Line of research ( indicate the thesis’ research line**):..................................................................................................................

|  |
| --- |
| **The coordinator accepts that this student will have to fulfil the following requirements as bridging courses (indicate the title of the University Master’s Degree, all module codes and the total number of credits that must be taken):**  **Admission to the Doctoral Programme is determined by the Rector and is conditional, where applicable, upon successful completion of bridging courses.** |

|  |  |  |
| --- | --- | --- |
| **Applicant** | **Signature (optional) tutor’s authorization**  **Consultation with the PhD Program**  **Coordination if this signature is mandatory.** | **The Coordinator of the Doctoral Programme authorizes access to the Doctoral Programme** |
| **Signature** | **Signature** | **Name, surname and signature** |

Bellaterra (Cerdanyola del Vallès), ..........................................................