UNIVERSITAT ROVIRA I VIRGILI

APPLICATION FORM FOR THE ISSUANCE OF THE DOCTORAL CERTIFICATE WITH THE DOCTOR EUROPEUS DISTINCTION

PERSONAL INFORMATION		
Name:	First surname:	Second surname:
ID(or passport number):	URV e-mail address:	
Mobile telephone:	Fixed telephone:	

I STATE
1. That I shall defend my doctoral thesis at the Rovira i Virgili University
2. That I am registered on the following doctoral programme:
3. That I attach all the documents required for the application.

I REQUEST
That my doctoral thesis be deposited with the award of Doctor Europeus Distinction.

DOCUMENTS TO BE ATTACHED
☐ Proof that the student has followed a programme of study or carried out research for at least three months in a higher education institution or research centre in a European Union country other than Spain, and that these studies or research have been recognized by the University.
☐ Personal information (name and surnames, institution/centre and electronic mail) of the experts responsible for the external reports evaluating the doctoral thesis. They must belong to a higher education institution or research centre of a member state of the European Union other than Spain.

_____ (date) _____(month)_____ 20___
(student's signature)

Head of Department
(Secretary's office of the corresponding department)

Documents:
Department: Original application form
Postgraduate and Doctoral School: Copy of the application form and original of stage proof
Doctoral student: Copy of the application form