**Request for authorization to deposit the doctoral thesis FORM**

**APPLICANT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname and Name | | | |
| Identification number | **NIUB** | e-mail address | |
| Address | | CP | Location/Country |
| PhD Program | | | |
| Supervisor/s | | Tutor | |
| Faculty of enrolment | | | |
| Thesis language (written) | | Language of Defending | |

REQUEST:

That, in accordance with the provisions of art. 35 of the Doctorate Regulation at the University of Barcelona, the authorization for deposit of the doctoral thesis entitled: “\_\_\_\_\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ ”

Following documents are attached to the request:

🞏 Supervisor’s and tutor’s reports

🞏 Activities’ document

🞏 “TESEO” file

🞏 Data publication file

🞏 Thesis publication authorization

🞏 Declaration signed by the doctoral student (compliance with ethical codes and good practices)

🞏 Declaration signed by the supervisor/s (compliance with ethical codes and good practices)

🞏 Committee members proposal

🞏 Committee members’ CVs

🞏 A digital copy of the doctoral thesis

🞏 PhD student’s CV

**Supplementary documents**

🞏 Thesis presented as a compendium of publications. Specify the attached documentation

\_ \_\_\_\_\_ \_\_\_

🞏 Thesis written in a language other than those specified in the program. Specify the attached documentation

\_ \_\_\_\_\_ \_\_\_

🞏 If you want to apply for the international mention, specify the attached documentation

\_ \_\_\_\_\_ \_\_\_

🞏 Thesis in “cocutela”. Specify the attached documentation

\_ \_\_\_\_\_ \_\_\_

🞏 Other. Specify the attached documentation

\_ \_\_\_\_\_ \_\_\_

**I give my consent in relation to the receipt of communications corresponding to this procedure by e-mail (if you do not check any option, it will be understood that consent IS given): YES NO**

Barcelona, \_\_\_\_ \_\_\_\_\_\_ 20\_\_\_\_

Signature

*To process this request, you must be enrolled, be up to date with payment and have a favorable report from the supervisory committee*

***TO BE COMPLETED AND VALIDATED BY THE STUDENTS AND TEACHING’ SECRETARY***

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| --- |
| **INFORME DE LA SECRETARIA D’ESTUDIANTS I DOCÈNCIA DE LA FACULTAT DE**\_\_\_ \_  *(aquest informe s’ha de complimentar amb posterioritat a la presentació de la sol·licitud de dipòsit de tesi)* |
| **INFORMO que,**  **Primer.** D’acord amb les dades que consten a l’expedient de la doctoranda/el doctorand la data límit per sol·licitar el dipòsit de la tesi és \_\_\_ \_  **Segon.** Que les dades de direcció i tutorització que consten a l’expedient són:  Director/s: \_\_\_ \_  Tutor: \_\_\_ \_  Barcelona, (data) \_\_ \_  *(Signatura)*  (Nom i cognoms) \_  Cap de Secretaria |

**PRESIDENT DE LA COMISSIÓ ACADÈMICA DEL PROGRAMA DE DOCTORAT BIOMEDICINA**

**UNIVERSITAT DE BARCELONA**