



APPLICATION FOR AUTHORIZATION FOR STAY ABROAD

PhD STUDENT	
DNI/NIE/PASSPORT	
ENROLMENT FACULTY	
PHONE NUMBER	
e-MAIL ADDRESS	
ADDRESS	

REQUEST FOR STAY ABROAD

START DATE		END DATE	
INSTITUTION/CENTER			
Investigator responsible in the reception group			
Brief description of the objective of the stay and the relation with the Research Plan			

Applicant signature	Supervisor signature	Tutor signature

Barcelona,