

Universidad de Valladolid



APPLICATION/AUTHORISATION FOR STATUS AS PART-TIME/FULL-TIME DOCTORAL STUDIES STUDENT

| DNI, NIE or PASSPORT: | |
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| Surname(s), First name(s): | |
| Doctoral programme: | |
| □ I REQUEST authorisation to undertak | ce doctoral studies as a PART-TIME student and am able to accredit: |
| Employment during at least registration document or equiva | one term of the academic year I will be commencing (include social security lent) |
| □ Taking care of a family member | er up to second degree of kinship, either as a blood relative or through marriage |
| □ Being an officially recognised | high level athlete |
| □ Physical, hearing, visual, or ps | sychological disability equal to or above 33% |
| Other special circumstances to | o be taken into consideration by the Programme Assessment Committee. |
| DOCUMENTS INCLUDED: | |
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Once filled in and signed by the coordinator, this form should be sent to the administrative secretary of the Doctoral School.



Basic information concerning data protection: the details provided on this form shall be used for purposes related to the academic and administrative handling of the student's academic record. The institution responsible, the University of Valladolid, shall only release data for purposes related to said handling and within the framework defined for its competencies as set out under Organic Law 6/2001, of 21 December, governing universities. In addition, it ensures the right to access, amend, delete, transfer, limit or oppose the use thereof through the relevant guarantees and procedures with the support of a delegado.protección.datos@uva.es For detailed information regarding how your details are handled, visit the webpage: www.uva.es/protecciondedatos#informacionAdicional