



Universidad deValladolid

APPLICATION/AUTHORISATION FOR EXTENSION TO DOCTORAL STUDIES

DNI, NIE or PASSPORT:
Surname(s), First name(s):
Doctoral programme:

REQUEST for an EXTENSION to my doctoral studies for the following period:

□ one year, given that I am a <u>full-time</u> student

□ two years, given that I am a part-time student

REASONS FOR THE REQUEST

(attach report if necessary)

In of 20.....

Applicant's signature,

DECISION OF THE DOCTORAL PROGRAMME ACADEMIC COMMITTEE

The Doctoral Programme Academic Committee in at its

meeting on agreed:

 $\hfill\square$ to grant the requested extension

 $\hfill\square$ not to grant the requested extension for the following reasons.

Signature of the programme coordinator,

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