



## Universidad de Valladolid

## NOTIFICATION OF ABSENCE/RE-ADMISSION FOR REASONS OF ILLNESS/MATERNITY LEAVE OR PATERNITY LEAVE

DNI, NIE	or PASSPORT:
Surname(	s), First name(s):
Doctoral p	rogramme:
	y give notification of the following absence/leave of which I have previously informed to and director/s:
□ D	octoral student's sick leave
□ N	aternity leave
	aternity leave
Period	d of absence:
(If there If a date	te Estimated date for re-admission to the programme
☐ I hereb	y give notification of re-admission to the doctoral programme after having completed r nce
Date	
	In , on of 20
	Doctoral student's signature,
	Signed: Signature of the programme coordinator,
	Signed:

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