



Universidad de Valladolid

ENDORSEMENT FOR FUTURE THESIS SUPERVISION

Name of the thesis supervisor
(holding a doctoral degree)

In case he/she is not a UVa staff member, please specify:

Affiliated institution

E-mail address Phone

Once Mr./Ms. _____, is admitted to the
Doctoral Programme in _____,

I STATE my commitment *to supervise his/her doctoral thesis, provided that the academic committee of the aforementioned programme appoints me to do so, and I HEREBY DECLARE that I meet the requirements to act as thesis supervisor, as established in the rules governing doctoral studies at the University of Valladolid.*

In, _____ at the date of the electronic signature.

