

REQUEST TO EXTEND A DOCTORAL STUDIES PERIOD

PERSONAL INFORMATION

Family name, name			NID/passport	
Doctoral programme				
Postal address for notification	ons (street number and name	9)		
Town/city	Postal code	Province/region	Country	
Email address	Telephone			
I DECLARE: 1. In the academic year I requested admission to the aforementioned doctoral programme in the following study mode:				
	□ part-time	☐ full-time	•	
2. I submitted my doctoral thesis proposal in the academic year, under the title				
supervised and tutored by:				
supervisor (S1):co-supervisor (S2):tutor:				
I REQUEST: That, for the following motives:				
I be granted the following type of extension to the period in which I complete my doctoral studies:				
□ secon circumst	xtension d extension (exceptional ances) study mode)	☐ first extension☐ second exten☐ third extension circumstances)	nsion on (exceptional	
[Signature]		(part-time study)	mode)	
As witnessed in Barcelon	a,	[day/month/ye	ear]	



	nmittee of the Doctoral Programme			
	he interested party to complete the following t s the doctoral degree:			
	 ☐ first extension ☐ second extension (exceptional circumstances) 	 ☐ first extension ☐ second extension ☐ third extension (exceptional circumstances) 		
	(full-time study mode)	(part-time study mode)		
[Signature]				
[name and surnames]				
President of the Ac	ademic Committee of the programme			
As witnessed in Ba	rcelona[0	dav/month/vearl		