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| \\nas.rectorado.local\w_documentos$\ccorral\Documents\Mis imágenes\LOGO3.jpg | APPLICATION FOR  EXTENSION OF ACADEMIC ADVISORSHIP | \\nas.rectorado.local\w_documentos$\ccorral\Documents\Mis imágenes\lOGO idep.jpg |
| Applications shall be submitted through the Electronic Office of the University of Córdoba, via the [Generic Application](https://sede.uco.es/GOnceOV/tramites/tramitesDisponibles.do?action=dettramusad&id=1) process, addressed to “ESTUDIOS DE DOCTORADO” |

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| PERSONAL DATA OF THE DOCTORAL STUDENT |

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| SURNAME(S): | NAME: | | NIF/NIE/N.º PASSPORT: |
|  |  | |  |
| EMAIL: | PHONE: | NATIONALITY: | |
|  |  |  | |
| FULL ADDRESS (Address; Postal Code; City; Province; Country): | | | |
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| PHD PROGRAM: |
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| INFORMATION RELATED TO THE ADVISORSHIP: |

**ENROLMENT IN ACADEMIC ADVISORSHIP** (check what applies)**:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | FULL-TIME |  | PART-TIME |

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| REQUESTS: |

|  |  |
| --- | --- |
|  | FIRST EXTENSION |
|  | SECOND EXTENSION |

**REASONS** (certify with documentation):

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| --- | --- | --- | --- | --- |
| The doctoral student | |  | The Advisor(s) | |
|  | |  |  | |
| Signed: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name and Surnames |  | Signed: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name and Surname(s) |

To be completed exclusively by the Academic Committee of the Doctoral Program:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The Academic Committee of the Doctoral Program mentioned above, meeting in ordinary session,   |  |  |  |  | | --- | --- | --- | --- | |  | HEREBY AUTHORISES |  | DOES NOT AUTHORIZE |   the extension of the academic supervision requested.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Coordinator of the Academic Committee of the Doctoral Program |