**REQUEST FOR THE JOINT SUPERVISION OF A DOCTORAL THESIS WITHIN A DOCTORATE PROGRAMME**

**IMPORTANT:** ONLY STUDENTS WHOSE FIRST ENROLMENT ON A DOCTORATE PROGRAMME IS FROM THE ACADEMIC YEAR 2023/24 ONWARDS MAY REQUEST A THIRD CO-SUPERVISOR

Mr/Ms:

With National ID card / passport num.:

**HEREBY REQUESTS:**

That they be appointed **JOINT SUPERVISOR** of the Doctoral Thesis titled

being carried out by the PhD student

with National ID card num.: enrolled in the Doctoral Programme

since the academic year:

This co-supervision has been approved by Dr:

and Dr (where applicable):

supervisor(s) of the doctoral thesis, and by the PhD student.

In ................................., on ............. of .........................., 20........

|  |  |  |
| --- | --- | --- |
| Signed:Requesting teacher | Signed:PhD student's supervisor(s) | Signed:PhD student |

**THIS SECTION SHOULD BE COMPLETED ONLY IN THE EVENT OF THE JOINT SUPERVISOR NOT BEING A MEMBER OF THE FACULTY AT THE UNIVERSITY OF THE BASQUE COUNTRY and their current details are not available at the UPV/EHU\***

Personal details

Surname(s) and first name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National ID card / Passport num.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional information

Company/Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Body / Scale / Category / Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Centre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area of knowledge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone num.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date on which the title of Doctor** **was awarded** (except Professors, Tenured Lecturers and anyone who earned their qualifications at the University of the Basque Country) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If the Academic Committee of the Doctoral Program requires it, select one of the following options:**

**(1)** I have at least 1 research period recognised by the National Assessment Committee for Research Activities (CNEAI) or one equivalent period recognised by the corresponding Evaluation and Accreditation Agency:

**(2)** I have 5 relevant contributions, in accordance with the criteria established by the CNEAI, in the case of foreign lecturers or researchers from bodies, centres, institutions and entities conducting R+D+i activities, be they public or private, national or foreign:

**(3)** I have 5 relevant contributions in accordance with the CNEAI criteria, previously approved by the Academic Commission within the framework of other co-supervisions.

Date on which the 5 relevant contributions were approved: ……………..........