

## REQUEST TO SUSPEND DOCTORAL STUDIES

Mr/Ms: \_\_\_\_\_

with national ID card number: \_\_\_\_\_, PhD student on the Doctoral Programme:

Hereby REQUESTS the Academic Commission of the Doctoral Programme:

Temporary withdrawal (cumulative maximum of two years)

Temporary withdrawal number: \_\_\_\_\_

From: \_\_\_\_\_

Until\*: \_\_\_\_\_

\*If possible

In the case of a request for suspension, I hereby declare that I am NOT preparing my doctoral thesis under a cotutelle agreement, not to be confused with co-supervision (N.B.: if there is a cotutelle agreement, the PhD student must contact international.doke@ehu.eus)

Withdrawal for medical or family reasons with a doctor's note (1)

(1) Leave on the grounds of temporary disability, birth, adoption, custody for the purposes of adoption, risk during pregnancy, risk during breastfeeding, gender violence or any other situation covered in existing legislation, pursuant to the provisions established in art. 13.6 of the UPV/EHU's doctoral regulations, as well as on the grounds of serious or prolonged illness of a first-degree relative or equivalent.

In this case, the PhD student must send this request to the secretary's office of the doctoral programme, without including the approval of the tutor(s), supervisor(s), or of the Academic Commission, and they must attach the relevant official supporting documentation.

Permanent withdrawal

From: \_\_\_\_\_

### REASONS FOR THE REQUEST:

In \_\_\_\_\_ on \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_

PhD student's signature,

Signed:

(1) The thesis tutor \_\_\_\_\_ (Surname and Name) approves this request

Signature of the tutor,

Signed:

(1) The thesis supervisor \_\_\_\_\_, the thesis supervisor  
\_\_\_\_\_, and the thesis supervisor  
\_\_\_\_\_ approve this request.

*(In accordance with the [regulations](#), a maximum of 3 people may be appointed as supervisors for students whose first enrolment is from the academic year 2023/24 onwards, and a maximum of 2 for all other students)*

Signature of the supervisor(s),

Signed: (Surname and Name) \_\_\_\_\_ Signed: (Surname and Name) \_\_\_\_\_

Signed: (Surname and Name) \_\_\_\_\_

**(1) Approval by the tutor and the supervisors is not essential for making this request, although the Academic Commission may take this into account when considering their approval.**

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**THE ACADEMIC COMMISSION OF THE DOCTORAL PROGRAMME** approves the current request on the date it is signed electronically.

Electronic signature of the Chair of the Academic Commission:

Signed: