**APPLICATION FOR WITHDRAWAL AS A MEMBER OF A DOCTORAL PROGRAMME**

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| **DOCTORAL PROGRAMME:** Elija un elemento. |
| **REASON FOR WITHDRAWAL:** |

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| **PERSONAL DATA** | | |
| SURNAME (S) / NAME: | | |
| ID NUMBER / PASSPORT: | EMAIL: | TELEPHONE: |
| UNIVERSITY / INSTITUTION: | | |

In      , on Haga clic aquí para escribir una fecha.

Signature:

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| **RESOLUTION** | |
| **To be Filled in by the CAPD (Comisión Académica del Programa de Doctorado)** | **To be filled in by the EDUC Steering Committee or its Delegated Committee** |
| Date: Haga clic aquí para escribir una fecha.  The coordinator and president of the CAPD:  Signature: | Date: Haga clic aquí para escribir una fecha.  The president of the EDUC Steering Committee:  Signature: |