**COMMITMENT TO THE GOOD PRACTICES CODE**

Mr./Ms. (Name /Surname):

ID number:

Address (with postal code, city, province):

Telephone:

Email:

MEMBER OF THE DOCTORAL SCHOOL OF THE UNIVERSITY OF CANTABRIA (EDUC) AS A (tick with an x):

[ ]  DOCTORAL CANDIDATE

[ ]  RESEARCH PERSONNEL PART OF A DOCTORAL PROGRAMME

[ ]  MEMBER OF THE DOCTORAL PROGRAMME ACADEMIC COMMITTEE

[ ]  DOCTORAL PROGRAMME COORDINATOR

[ ]  VISITING PROFESSOR / COLLABORATOR OF THE EDUC

[ ]  ADMINISTRATIVE STAFF

[ ]  OTHER (please specify):

ADMITS TO HAVING READ AND TO HAVE KNOWLEDGE OF THE [EDUC’s GOOD PRACTICES CODE](https://web.unican.es/centros/escuela-de-doctorado/doctorandos-as), AND AGREES TO ADHERE TO IT (you will find the document in the link).

In SANTANDER on the       (day) of      …. (month) of 20

SIGNED:

**THE DIRECTOR OF THE UNIVERSITY OF CANTABRIA DOCTORAL SCHOOL**