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

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

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

In      , on Haga clic aquí para escribir una fecha.

Signature:

|  |
| --- |
| **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:       |