**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**