**PROPOSAL FOR CHANGE OF THESIS DIRECTOR/TUTOR.**

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| **CHANGE OF** (Mark what is appropriate):  **DIRECTOR**  **TUTOR** |

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| **DOCTORAL CANDIDATE** |
| DOCTORAL PROGRAM: |
| SURNAME(S) AND NAME: |

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| **OUTGOING DIRECTOR/TUTOR** | | |
| SURNAME(S) AND NAME: | | |
| ID NUMBER: | E-MAIL: | TELEPHONE: |
| UNIVERSITY OR OTHER INSTITUTION: | | |

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| **INCOMING DIRECTOR/TUTOR** | | |
| SURNAME(S) AND NAME: | | |
| ID NUMBER: | E-MAIL: | TELEPHONE: |
| UNIVERSITY OR OTHER INSTITUTION: | | |
| DEPARTMENT/INSTITUTE: | | |
| ACADEMIC/ADMINISTRATIVE POSITION: | | |
| HE/SHE IS A MEMBER OF THE DOCTORAL PROGRAMME IN WHICH THE DOCTORAL CANDIDATE IS ENROLLED:  YES  NO  If it is a change of DIRECTOR, and are not yet a member of a Doctorate Program at the University of Cantabria, please fill in the Application to Membership of a Doctoral Program form. If you do not want to become a member of the Program, fill in the Thesis Director Application (External Personal Form)  If it is a chage of TUTOR, and are not a member of the Doctorate Program in which the Doctoral Candidate is enrolled, fill in the Application to membership of a Doctoral Program form. | | |

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| In      , on Haga clic aquí para escribir una fecha.  Signature of doctoral candidate: | In      , on Haga clic aquí para escribir una fecha..  Signature of outgoing DIRECTOR/TUTOR: |
| In      , on Haga clic aquí para escribir una fecha.  Sinature of incoming DIRECTOR/TUTOR: | In      , on Haga clic aquí para escribir una fecha..  Signature of Coordinator of the Doctoral Program:  Date of approval by the CAPD: Haga clic aquí para escribir una fecha. |