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| \\nas.rectorado.local\w_documentos$\ccorral\Documents\Mis imágenes\LOGO3.jpg | APPPLICATION  FOR LEAVE FROM THE DOCTORAL PROGRAM | \\nas.rectorado.local\w_documentos$\ccorral\Documents\Mis imágenes\lOGO idep.jpg |
| Applications shall be submitted through the Electronic Office of the University of Córdoba, via the [Generic Application](https://sede.uco.es/GOnceOV/tramites/tramitesDisponibles.do?action=dettramusad&id=1) process, addressed to “ESTUDIOS DE DOCTORADO” |

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| DOCTORAL STUDENT'SPERSONAL DATA |

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| SURNAME(S): | NAME: | DNI/NIE/PASSPORT No.: |
|  |  |  |
| E-MAIL: | | PHONE: |
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| FULL ADDRESS (Address; Postal Code; City; Province; Country): | | |
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| ACADEMIC INFORMATION |

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| PHD PROGRAM: | RESEARCH LINE: |
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| INFORMATION ON THE LEAVE (mark where applicable) |

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|  |  | | Date of Leave: | Date registration | Acad. Year: |
|  | | Temporary leave due to illness: | |  |  |  |
|  | | Temporary leave due to pregnancy, maternity, paternity, breastfeeding: | |  |  |  |
|  | | Voluntary, temporary leave for a full academic year: | | October 1. | 30 Sep. |  |
|  | | Temporary leave for a minimum of three months and a maximum of one year: | |  |  |  |
|  | | Final discharge in the Doctoral Program. | (Effective from the date of the application's submission, does not require authorization by the CAPD) | | | |

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| REASONS TO REQUEST THE LEAVE OF ABSENCE: |
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| SUPPORTING DOCUMENTATION ATTACHED: |
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| Doctoral students on voluntary temporary leave or sick leave **for a full academic year** (1 Oct. to 30 Sep.), will be exempted from having to renew their annual matriculation and submitting the annual evaluation report. In all other cases the doctoral student must complete the evaluation and the matriculation. |

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| **Signed: Mr/Ms:** \_\_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |  |

To be completed exclusively by the Academic Committee of the Doctoral Program:

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| The Academic Committee of the Doctoral Program mentioned above, meeting in ordinary session,   |  |  |  |  | | --- | --- | --- | --- | |  | HEREBY AUTHORIZES |  | DOES NOT AUTHORIZE |   the leave from the doctoral programme requested.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Coordinator of the Academic Committee of the Doctoral Program |