



Universitat
Pompeu Fabra
Barcelona

PhD Program in Biomedicine (RD99/2011 Regulation)

APPLICATION FOR A EXTENSION TO DEFEND THE DOCTORAL THESIS

Name and surname:

ID number (passport or DNI/NIE):

Email address:

I DECLARE:

That I have submitted my doctoral thesis and it has been authorized by the Committee of the PhD School and I wish to apply for a time extension to defend my thesis.

I HEREBY REQUEST:

That the Academic Committee of the PhD Programme in Biomedicine authorizes the time extension to defend your doctoral thesis.

Signature of the thesis author

Signature of the thesis supervisor/s Dr/s

AUTHORIZATION:

Rubén Vicente, president of the Academic Committee of the PhD Programme in Biomedicine:

I authorize the time extension to defend the doctoral thesis for one academic year.

I do not authorize the time extension to defend the doctoral thesis for one academic year.