

I _____ (student name)
NIF/NIE/Passport holder nr _____ with Nationality
_____ state the authenticity of the documents that
I am handing in at Pompeu Fabra University in order to complete
enrolment to the PhD in Biomedicine (academic year 20__ - 20__).

I consider myself as being informed that the acceptance of my documents
by the university is subject to veracity of the data. In case any of the
documents I am handing in is not authentic or does not meet the legal
access requirements, the University reserves the right of cancelling the
student's enrolment (registration) at any moment during the academic year
(20__ - 20__). This cancellation will not give the student the right for
refund.

Barcelona, _____, 20__.