

Name and surnames: _____ National ID/Passport: _____

Address: _____ Population: _____ Postcode: _____

Telephone: _____ e-mail: _____

Doctoral Programme: _____

I DECLARE:

1- That I have completed the doctoral thesis entitled,"

"supervised by doctor(s) _____

at the University/ies _____

Language/s of writing: _____

Thesis by articles _____ International Mention _____

2- That I submit the following documents:

- A report by the doctoral thesis supervisor(s)
- _____ paper copy/es* of the doctoral thesis
- _____ electronic copy/es* of the doctoral thesis
- Doctoral thesis declaration of authorship

Additional information:

1. Do you research question(s) and hypotheses investigate –directly or indirectly– the relevance of sex and/or gender (gender inequalities, similarities and differences between men and women, or female/male animals, tissues and cells)?

Yes	No	Not applicable
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2. Are the groups involved in the research (e.g. samples, testing groups) gender-balanced?

Yes	No	Not applicable (the research does not involve groups)
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3. (Answer only if “yes” in question 2)
Have you disaggregated your data by sex and other gender-related variables both at the collection and at the analysis stages?

Yes	No	Not applicable
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4. Have you considered other factors that intersect with sex and gender (e.g. age, race, ethnicity, ableness, sexual orientation...) in your methodology and analysis?

Yes	No	Not applicable
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I HEREBY REQUEST:

That the Doctoral Programme Academic Committee authorizes the deposit of the doctoral thesis

_____	_____
(Date)	Signature of the thesis author

* Write down how many copies of your doctoral thesis you are handing in. At least 1

AUTHORIZATION OF DOCTORAL THESIS DEPOSIT*(To be filled by the Academic Committee)*

Dr. _____, president of the Doctoral Programme Academic Committee,

- I authorize the deposit of the doctoral thesis
- I do not authorize the deposit of the doctoral thesis

(Date)	Signature of the president

AUTHORIZATION OF DOCTORAL THESIS DEFENCE*(To be filled by the Academic Committee)*

Dr. _____, president of the Doctoral Programme Academic Committee,

- I authorize the defence of the doctoral thesis
- I do not authorize the defence of the doctoral thesis

(Date)	Signature of the president