**DOCTORAL THESIS BOARD**



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| Doctoral student: |
| Title of the Doctoral Thesis: |
| Doctoral Programme : | Deposit date: |
| Supervisor 1: University:  | NATIONAL ID NO.: E-mail:  |
| Supervisor 2: University:  | NATIONAL ID NO.: E-mail:  |

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| Join Supervision ***(Cotutela)*** : ☐ Yes ☐ Not |  | Videoconference (***Member***): ☐ Yes ☐ Not |

**PROPOSED DOCTORAL THESIS BOARD \***

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|  | **Name and surname(s)** | **University** |
| **President** |  |  |
| **Secretary** |  |  |
| **Member** |  |  |
| **Substitute 1** |  |  |
| **Substitute 2** |  |  |

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| *(date)* | *Signature(s) of the doctoral thesis supervisor(s)* |

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| Academic committee approval:  |
| *(date)* |

\*Attached: Suitability reports on the 5 proposed members

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**APPROVAL OF THE DOCTORAL THESIS BOARD**

I, Dra. Núria Sebastián Gallés, director of the Pompeu Fabra University Doctoral School,

* Designate the board members proposed by the doctoral thesis supervisor
* Do not approve the board proposal submitted by the doctoral thesis supervisor

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| *(Date)* | *Signature of the Director of the Doctoral School* |

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| PROPOSAL FOR PRESIDENT OF THE BOARD |
| Dr: | National ID /passport no.: |
| Nacionalitaty:  |
| Doctor from the University | Year: |
| University/Research Centre: | Academiccategory: |
| Department/Institution: |
| Contact postal address: | E-mail: |
| Contact telephone: | Contact fax number: |

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| **SUITABILITY REPORT** |
| * **Explanation of the research done in the subject area of the thesis (preferably in the last 5 years) justifying knowledge of the subject and accrediting the doctor proposed as a member of this board.**
* **List of 5 publications or relevant contributions (preferably in the last 5 years) accrediting the scientific value of the proposed board member.**
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| PROPOSAL FOR SECRETARY OF THE BOARD |
| Dr: | National ID /passport no.: |
| Nationality: |
| Doctor from the University | Year: |  |
| University/Research Centre: | Academic category: |  |
| Department/Institution: |  |
| Contact postal address: | E-mail: |
| Contact telephone: |  | Contact fax number: |

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| **SUITABILITY REPORT** |
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* **List of 5 publications or relevant contributions (preferably in the last 5 years) accrediting the scientific value of the proposed board member.**
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| PROPOSAL FOR MEMBER OF THE BOARD |
| Dr: | National ID /passport no.: |
| Nationality: |
| Doctor from the University | Year: |  |
| University/Research Centre: | Academic category: |  |
| Department/Institution: |  |
| Contact postal address: | E-mail: |
| Contact telephone: |  | Contact fax number: |

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| **SUITABILITY REPORT** |
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* **List of 5 publications or relevant contributions (preferably in the last 5 years) accrediting the scientific value of the proposed board member.**
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| PROPOSAL FOR SUPLENT OF THE BOARD |
| Dr: | National ID /passport no.: |
| Nationality: |
| Doctor from the University | Year: |  |
| University/Research Centre: | Academic category: |  |
| Department/Institution: |  |
| Contact postal address: | E-mail: |
| Contact telephone: |  | Contact fax number: |

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