**DOCTORAL THESIS BOARD**

UPF Correu

|  |  |
| --- | --- |
| 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: |

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

**PROPOSED DOCTORAL THESIS BOARD \***

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

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

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

\*Attached: Suitability reports on the 5 proposed members

-------------------------------------------------------------------------------------------------------------------------------

**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

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

The personal data provided will be stored in Universitat Pompeu Fabra file 'Estudiants', for the purpose of making the academic management of students. These data may be disclosed when such a disclosure is authorised by a law (Social Security General Treasury); to other administrations for performing like competences or concerning the same matters (Departament d'Economia i Coneixement, Ministerio de Educación, Cultura y Deportes, and other agencies of university coordination); whenever necessary to develop the legal relationship with the interested person (banks for managing the payment of the registration fees, Agència de Gestió d'Ajuts Universitaris i de Recerca); these data may also be disclosed, with your previous consent, to entities related to the University or to entities which provide educational services (courses, grants, benefits for students); and in those cases where it is necessary for the fulfillment of legal obligations. The body responsible for the University files is the manager. Rights to access, correct, cancel or object to data in these files may be exercised by applying in writing, including a photocopy of your identity card or equivalent to: Gerent. Universitat Pompeu Fabra. Pl. de la Mercè, 12. 08002 - Barcelona.

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

|  |
| --- |
| **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.** |

|  |  |  |  |
| --- | --- | --- | --- |
| 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: | |

|  |
| --- |
| **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.** |

|  |  |  |  |
| --- | --- | --- | --- |
| 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: | |

|  |
| --- |
| **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.** |

|  |  |  |  |
| --- | --- | --- | --- |
| 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: | |

|  |
| --- |
| **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.** |

|  |  |  |  |
| --- | --- | --- | --- |
| 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: | |

|  |
| --- |
| **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.** |