

DEPOSIT OF THE DOCTORAL THESIS and INTERNATIONAL DOCTORAL MENTION (if applicable)

Name and surnames: _____ National ID/Passport: _____
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

2- That I submit the following documents:

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

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
That the Steering Committee of the School of Doctoral Studies approves, subject to the fulfillment of the requirements established in article 15 of the RD 99/2011, the awarding of the International Mention to the Diploma.
In this sense, I commit myself to present the reports required by the regulations at the moment in which the proposal of the doctoral thesis board is presented.

_____	_____
Date	Signature

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