**Doctoral Programme in Translation and Language Sciences**

**Request to transfer to part-time study**

Full name: ID number (DNI/passport):

Email address:

**I DECLARE:**

That I am preparing my doctoral thesis on a full-time basis and I would like to transfer to part-time.

**I REQUEST:**

That the Academic Committee of the doctoral programme accept my transfer to complete my Doctorate in Translation and Language Sciences on a part-time basis.

□ I attach the documentation to support this change (compulsory)

Reason (compulsory):

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| Signatureof the doctoral student | Signatureof the tutor | Signatureof the supervisor or co-supervisor |

Barcelona, \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_