**DOCTORAL THESIS BOARD**

UPF Correu

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| Doctoral student: | |
| Title of the Doctoral Thesis: | |
| Doctoral Programme: PhD in BIOMEDICINE | 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 between 2 Universities)*** : O Yes O Not |  | Videoconference (***Member***): O Yes O Not |

**PROPOSED DOCTORAL THESIS BOARD \***

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|  | **Name and surname(s)** | **University / Workplace** |
| **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 *(complete name, both surnames for Spanish tribunal members):* | Complete National ID /passport no.: |
| Nacionalitaty: |
| Doctor from the University | Year: |
| University/Research Centre (*only one affiliation)*: | Academic  category: |
| Department/Institution: | |
| Contact postal address: | Workplace 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.** In the listed publications have to appear the tribunal members (although they are not in the first positions). |

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| Nationality: | |
| Doctor from the University | | Year: |  |
| University/Research Centre (*only one affiliation)*: | | Academic category: |  |
| Department/Institution: |  | | |
| Contact postal address: | | Workplace E-mail: | |
| Contact telephone: |  | Contact fax number: | |

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| PROPOSAL FOR MEMBER OF THE BOARD | | | |
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| Nationality: | |
| Doctor from the University | | Year: |  |
| University/Research Centre (*only one affiliation)*: | | Academic category: |  |
| Department/Institution: |  | | |
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| Contact telephone: |  | Contact fax number: | |

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| PROPOSAL FOR SUPLENT OF THE BOARD | | | |
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| Nationality: | |
| Doctor from the University | | Year: |  |
| University/Research Centre (*only one affiliation)*: | | Academic category: |  |
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