



PERSONAL DATA

Name and Surname: NIF/NIE/Passport:

Telephone number: E-mail address:

Studies: NIP: NIA:

SCHOLARSHIP REQUEST:

- | | |
|---|--|
| <input type="checkbox"/> (1) MECD scholarship | <input type="checkbox"/> (11) Industrial PhD |
| <input type="checkbox"/> (3) FPU | <input type="checkbox"/> (2, D, E i F) Specific MSP/MSL scholarship |
| <input type="checkbox"/> (3) FPI | <input type="checkbox"/> (5) UPF Scholarship - PIF |
| <input type="checkbox"/> (4) FI | <input type="checkbox"/> (L) Tuition grants for official Master's degree students (maximum discount of 2.000 € on enrolled credits). |
| <input type="checkbox"/> (6) MAEC - AECID | <input type="checkbox"/> (H) Tuition fee funded with funds for the Promotion of Master or funds own Department: |
| <input type="checkbox"/> (G) Carolina Foundation | <input type="checkbox"/> (H) Enrolled credits |
| <input type="checkbox"/> (K) La Caixa Foundation-UPF scholarship (PhD students) | <input type="checkbox"/> (B) Maximum discount of 2.000 € |
| <input type="checkbox"/> (10) Exempt as per agreement | <input type="checkbox"/> (C) Maximum discount of 1.500 € |

I DECLARE (select one of the two options):

- That I am applying for the scholarship above selected, and that I am attaching herewith a copy of the application submitted.
- That I will present the scholarship application form above selected, and I will deliver a copy of the application submitted to the academic secretariat.

I REQUEST:

To be exempted from the payment of the tuition fees until the resolution of the grant or until the end of the academic year 2015-2016.

I AUTHORIZE:

The University Pompeu Fabra to claim, on my behalf, for my tuition fees to the ministry or the competent institution in charge of the scholarship.

I COMMIT MYSELF:

To pay the tuition fees not covered by the grant.

Candidate's Signature

Stamp and date