**PhD PROGRAMME IN PHARMACY**

**FACULTY OF PHARMACY**

**(COMPLUTENSE UNIVERSITY AND UNIVERSITY OF ALCALA)**

**REGISTRATION FORM IN THE PROGRAMME (ACADEMIC YEAR 202 -202 )**

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| **PhD STUDENT DATA** |
| Surname and Name ID Card / Foreigner Identification / Passport Number Address: Laboratory direct phone number: Private phone: e-mail:  |

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| **TUTOR DATA** |
| Surname and Name: DNI: Department: Date and signature of the Tutor |

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| **DIRECTOR(S) DATA (up to a maximum of three directors)*****(This box will be filled in later,*** *once the assignment of Director(s) is carried out by the Academic Committee of the PhD Programme)* |
| Surname and Name: DNI: Position: Institution: Phone: E-mail: Surname and Name: DNI: Position: Institution: Phone: E-mail: Surname and Name: DNI: Position: Institution: Phone: E-mail:  |
| **ABBREVIATED TITLE OF THE DOCTORAL THESIS** (maximum 100 characters) |
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The undersigned hereby undertake to direct the investigation of the PhD Student (Doctoral Thesis).

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| Date and Signature of the Director | Date and Signature of the Director | Date and Signature of the Director |