

**AUTHORIZATION REQUEST TO PRESENT
A THESIS OR COLLECTED WORKS TO
OBTAIN THE**

PHD DEGREE

**If the thesis has been written as part of a dual-degree program, specify
the partner country:**

DOCTORAL SCHOOL OF AFFILIATION:

LSHS

SEJPG

SF

SPI

SVSAE

The Candidate (Last Name, First Name): _____

Date and place of birth: _____ Nationality: _____

ADDRESS: _____

SUBJECT OF THE THESIS (write very clearly):

AREA OF RESEARCH: _____

NAME of the PhD research supervisor: _____

Date and PhD student's signature

PhD research supervisor's signature

Section to be completed by the Doctoral School:

EXAMINERS' NAMES (*the written and reasoned reports must be attached to this request*)

1) _____ Opinion _____

2) _____ Opinion _____

3) _____ Opinion _____

(The examiners must not be affiliated with the Doctoral School and Université de CLERMONT AUVERGNE)

Opinion of the Director of the Doctoral School:

Decision of the President of UCA:

(Date and Signature)

(Date and Signature)