

ENROLLMENT APPLICATION FOR THESIS DEFENSE AND DEGREES

DOCTORAL SCHOOL OF AFFILIATION:

LSHS

SEJPG

SF

SPI

SVSAE

LAST NAME: _____

Date of birth: _____

First and middle names: _____

Place of birth: _____

Maiden name: _____

Address: _____

ENROLLMENT REQUESTED

PROGRAM

PhD Degree (decree of 25/05/2016)

Dual-Degree University Thesis (decree of 25/05/2016)

Area of Research: _____

Name of research professor or researcher who has supervised the candidate's work:

TITLE OF THESIS OR DEGREE

(please write clearly)

DEFENSE:

Date: _____

Time: _____

Location (be precise): _____

In _____ on _____

Candidate's signature,

LAST NAME, FIRST NAME, POSTAL ADDRESS AND EMAIL ADDRESS OF JURY MEMBERS:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____
