

APPLICATION FORM FOR COTUTELLE OF THESIS

Applicant:

Doctoral Programme:

Contact information (email/mobile phone):

As a doctoral candidate at the Autonomous University of Madrid, he/she hereby **REQUESTS** a cotutelle agreement between the Autonomous University of Madrid (UAM) and the University of

UAM registration date:

Registration date at cotutelle university:

UAM Thesis Supervisor:

Thesis Supervisor at the cotutelle university:

Madrid,

Signed:

The doctoral candidate

Academic Committee Authorisation
Signed:

Doctoral Programme Coordinator

