



## REQUEST FOR AUTHORIZATION OF STAY CONVENTIONAL RESEARCH/TRAINING

Before completing this application, please carefully read the instructions provided on the website:

<https://escueladoctorado.unizar.es/en/formacion-y-movilidad/movilidad-estancias>

### DOCTORAL CANDIDATE

Surname:	Name:
E-mail:	Phone:
	NIP:
Doctoral programme:	

### SUPERVISOR(S) AND ADVISOR

Supervisor (1)	Surname:	Name:
Supervisor (2)	Surname:	Name:
Advisor	Surname:	Name:

### REQUESTS

The **AUTHORIZATION** for the Academic Committee of the Doctoral Program indicated above to carry out the research/training stay, for which the corresponding supplementary information is provided (to be completed in the INFORMATION ABOUT THE STAY section of this application).

Date: \_\_\_\_\_ Candidate's signature: \_\_\_\_\_

### APPROVAL OF THE THESIS SUPERVISOR(S) AND ADVISOR

<b>Supervisor (1)</b>	<b>Supervisor (2)</b>	<b>Advisor</b>
Electronically signed and verifiably authentic in accordance with Article 27 3-c) of Law 39/2015	Electronically signed and verifiably authentic in accordance with Article 27 3-c) of Law 39/2015	Electronically signed and verifiably authentic in accordance with Article 27 3-c) of Law 39/2015

The Academic Committee of the Doctoral Program indicated above, after evaluating the suitability of the stay in relation to the research plan of the thesis and the competencies to be acquired by the doctoral candidate during the stay, **AUTHORIZES** the requested stay.

Coordinator of the Doctoral Programme  
 Electronically signed and verifiably authentic in accordance with Article 27 3-c) of Law 39/2015

