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| \\nas.rectorado.local\w_documentos$\ccorral\Documents\Mis imágenes\LOGO3.jpg | RESEARCH PLAN MODIFICATION APPLICATION | \\nas.rectorado.local\w_documentos$\ccorral\Documents\Mis imágenes\lOGO idep.jpg |
| Applications shall be submitted through the Electronic Office of the University of Córdoba, via the [Generic Application](https://sede.uco.es/GOnceOV/tramites/tramitesDisponibles.do?action=dettramusad&id=1) process, addressed to DOCTORAL STUDIES |

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| PERSONAL INFORMATION |

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| SURNAME(S): | NAME: | DNI/NIE/PASSPORT No.: |
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| E-MAIL: | PHONE: |
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| FULL ADDRESS (Address; Postal Code; City; Province; Country): | |
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| ACADEMIC INFORMATION |

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| DOCTORAL PROGRAM IN WHICH YOU ARE ENROLLED: |
| RESEARCH LINE: |

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| ASKS the Academic Committee of the Doctoral Program for permission to modify the Thesis Project registered |

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|  | Regarding the contents (a report on the new project is sent). |
|  |  |
|  | Regarding the title: |

CURRENT TITLE:

* **IN SPANISH**: “\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_“.
* **IN ENGLISH**: “\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_“.

NEW TITLE:

* **IN SPANISH**: “\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_“.
* **IN ENGLISH**: “\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_“.

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| The doctoral student | |
|  | |
| Signed: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name and Surname(s) |

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| TO BE COMPLETED BY THE THESIS ADVISOR(S) |

The Thesis Adivisor(s) provide their consent to the modification presented.

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| ADVISOR 1 | |  | ADVISOR 2 | |
|  | |  |  | |
| **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | | | | |
|  | ADVISOR 3 | | |  |
|  |  | | |  |
|  | **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |

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| TO BE COMPLETED BY THE HEAD OF THE RESEARCH LINE IF THE ADVISOR(S) DOES NOT BELONG TO THE DOCTORAL PROGRAM |

The person in charge of the research line to which the doctoral student belongs provides his/her consent to the modification presented.

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| THE HEAD OF THE RESEARCH LINE |
|  |
| **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

To be completed exclusively by the Academic Committee of the Doctoral Program:

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| --- | --- | --- | --- | --- |
| The Academic Committee of the Doctoral Program mentioned above, meeting in ordinary session;   |  |  |  |  | | --- | --- | --- | --- | |  | HEREBY AUTHORIZES |  | DOES NOT AUTHORIZE |   the modification of the Doctoral Thesis Project.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Coordinator of the Academic Committee of the Doctoral Program |