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| 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;

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| --- | --- | --- | --- |
| [ ]  | HEREBY AUTHORIZES | [ ]  | DOES NOT AUTHORIZE |

the modification of the Doctoral Thesis Project.Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Coordinator of the Academic Committee of the Doctoral Program |