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| \\nas.rectorado.local\w_documentos$\ccorral\Documents\Mis imágenes\LOGO3.jpg | APPLICATION FOR ENROLMENT IN COURSES AS TRAINING SUPPLEMENTS REQUIRED BY THE CAPD | \\nas.rectorado.local\w_documentos$\ccorral\Documents\Mis imágenes\lOGO idep.jpg |
| Applications shall be submitted through the Electronic Office of the University of Cordoba, 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: | NIF/NIE/PASSPORT NO.: |
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| E-MAIL: | PHONE: | NATIONALITY: |
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| FULL ADDRESS (Address; Postal Code; City; Province; Country): | | |
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| ACADEMIC DEGREE |

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| BACHELOR'S DEGREE, TECHNICAL ENGINEERING DEGREE, ENGINEERING: |
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| MASTER'S DEGREE COMPLETED: |
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| DOCTORAL PROGRAM APPLIED FOR/ADMITTED TO AT THE UCO: |
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| RESEARCH LINE: |
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| COURSES PROPOSED BY THE SUPERVISOR/LINE MANAGER |

• For students who have completed a professional Master's degree, the minimum is 32 research credits (8 transversal credits, 8 methodological research credits and 16 credits from the Master's degree Final Research Project).

• For students who have completed a research Master's degree, including engineers or technical architects, the minimum is 30 credits.

• For students who meet the requirements to access the PhD Program, but contingent upon the completion of complementary training, in accordance with the Committee's decision.

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| CODE | COURSE-MASTER'S | No. ECTS |
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| The doctoral student | |  | The Advisor(s) | |
|  | |  |  | |
| Signed: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name and Surname(s) |  | Signed: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name and Surname(s) |

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| DECISION |
| The Doctoral Program Academic Committee mentioned above, meeting in ordinary session, with reference to the application submitted, and the academic training accredited by the student, decides to:  **Approve the additional credits, and that the student's final admission to the Program be rendered conditional on the completion of said complementary training**.  **Reject the proposal, for the following reasons**:   |  | | --- | |  |     **Reject the proposal and suggest the following courses:**   |  |  |  | | --- | --- | --- | | CODE | COURSE-MASTER'S | No. ECTS | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Coordinator of the Academic Committee of the Doctoral Program |