



✓ Foreign students document submission

✓ *Formulario para estudiantes extranjeros*

REMARK!

Fill this form
with
*Acrobat
Reader*

Don't use your
browser's
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¡NOTA!

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*Acrobat
Reader*

No utilice el visor
PDF de su
navegador

2023 CALL FOR RESEARCHERS IN TRAINING

Personal data

NIF/NIE/Passport:	<input type="text"/>	Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>
Name:	<input type="text"/>	1 st Surname:	<input type="text"/>	2 nd Surname:	<input type="text"/>
Place of birth:	<input type="text"/>	Province / Region of birth:	<input type="text"/>		
Date of birth:	<input type="text"/>	Country of birth:	<input type="text"/>	Nationality:	<input type="text"/>
Address:	<input type="text"/>	Town -Country:	<input type="text"/>		
ZIP Code:	<input type="text"/>	Phone number:	<input type="text"/>	Cell phone number:	<input type="text"/>
e-mail:	<input type="text"/>				

Degree required to apply

Degree:	<input type="text"/>	Starting year:	<input type="text"/>	Graduation year:	<input type="text"/>
University:	<input type="text"/>	Country:	<input type="text"/>		
Average grade (transcript of records):	<input type="text"/>				
Master's Degree:	<input type="text"/>	Starting year:	<input type="text"/>	Graduation year:	<input type="text"/>
University:	<input type="text"/>	Country:	<input type="text"/>		

PhD project

Title:	<input type="text"/>
Official Code:	<input type="text"/>
Principal investigator:	<input type="text"/>

DECLARATION OF RESPONSIBILITY FOR THE VERACITY OF THE DOCUMENTS SUBMITTED I DECLARE:

1. That the documents I submit in this proceeding are true copies of the original documents.
2. That I take responsibility for the veracity of said copies.
3. That I have been informed of the possibility of having to show the originals to confront the copies submitted, when there are doubts derived from the copies or the relevance of the document in case it is required during the procedure.
4. That I have been informed of the possibility of opposing the exercise of verification by the Universitat de Lleida, for the verification of the data that I submit. In any case, in the exercise of this right of opposition, I must accredit the reasons that justify it, so that they can be evaluated by the University and I will be obliged to present the documents to the consultation of which I object.

I object to the Universitat de Lleida verifying my data, for the following reasons:

5. I request to be admitted to the call to which this application refers, I declare that each and every one of the data provided in this application is true and that I meet the required conditions indicated in this call.

Attachment of other complementary
documents to this form

*Adjunción de otros documentos complementarios a
este formulario*