

Registration form to doctorate programmes

Doctorate programme _____

Personal information

Identity card (or passport number) _____

Surname _____ Name _____

Only to be filled in by new students or those who must modify any information (*) See code sheet

Email: _____

I authorize the diffusion of the address for noninstitutional purposes: Yes No

I want to receive SMS notifications when the service is put into operation: Yes No

Term-time address (avenue, street or square, number and floor) _____ Postal code _____

City _____ Province * _____ County * _____ Telephone _____

• Are you working or in a CCE? Yes No • Is it related to the studies? Yes No

• What kind of work is it? - UPC grant holder - Contract - Other • How many hours a week? ____

Optional fees

 Do you want to contribute with 0,7% for helping countries in development? (price: 5.00 €) Yes No

 Do you want an insurance policy "UNIVER ELIT"? (price: 13.00 €) Yes No

 Do you want to be a partner of Abacus cooperative? (price: 9.00 €) Yes No

 Be a partner of culture, sport and saving with Univers (free): you must contact directly with Univers, Campus Nord - C6 building

Information for the payment of fees

Type of registration to be applied:

Ordinary

General large family (1)

General large family with 3 children (1)

Special large family (1)

UPC staff (1)

Catalan public universities staff: (1)

UAB UB UdG

UdL UPF URV Consorcio

Overall mark for degree was A With Honors (1)

Please specify if you are a grant holder:

MCI - FPU Convenio Relaciones Internacionales: _____

MCI - FPI _____

Generalitat - FI / FIE _____

Generalitat - IQSOC Other (specify): _____

FPI - UPC _____

FPU - UPC _____

CONACYT-UPC _____

AECI _____

(1) It has to be justified at the moment of registration with the appropriate documentation

Please specify payment method for your registration:

a) Single payment in cash by direct debit (2) b) Payment in two instalments by direct debit (3)

(2) If paying by direct debit please fill in the following:

Account holder (name and surname): _____ Countersigned by the account holder _____

Bank details (name of bank and branch): _____

(3) First semester only

Details to be completed by the bank branch if payment is by direct debit

Bank code _____ Branch code _____ Control digit _____ Account number _____ Date, signature and stamp of the bank _____

All fields must be completely filled, without dashes or strokes.

Client Account Code: (according to the format from *Consell Superior Bancari*)

- Fill it in only if registration is paid by direct debit.

- Please enclose either a photocopy of documentary proof of the bank details or this document itself with the bank's stamp.

