# Solicitud de depósito de la tesis doctoral

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| Apellidos y nombre: | | | | | |  | | | | DNI: | |  | |
| Domicilio: | | | |  | | | | | | | | | |
| C.P.: | |  | | | | | | Teléfono: | | |  | | |
| Correo electrónico: | | | | | | |  | | | | | | |
| Expone: | | | | |  | | | | | | | | |
|  | Que cursa el programa de doctorado en: | | | | | | | | | | | | |
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| Solicita: | | | | |  | | | | | | | | |
| Depositar la tesis doctoral titulada: | | | | | | | | | | | | | |
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| Director/a - Director/es. Debéis indicar la Universidad/Centro al que pertenece/n. | | | | | | | | | | | | | |
| Línea de investigación: | | | | | | | | | | | | | |
| Palma, | | |  | | | | | | | | | | |
| *Firma,* | | | | | | | | | Director/s de la tesis | | | |
| Sr./Sra. Director/a de la Escuela de Doctorado | | | | | | | | | | | | | |