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| Personal data | | | | | | | | |
| Name | | First surname | | | Second surname (if applicable) | | | |
| DNI / NIE / Passport | Date of birth | | | Place of birth | | | Nationality | |
| Street / Avenue / Place and number | | | | | | Postcode | | |
| City | | | County / Country | | | | | |
| Email address | | | Phone number | | | | | Cell phone number |

DEPARTAMENT DE GENÈTICA I DE MICROBIOLOGIA - GENETICS AND MICROBIOLOGY DEPARTMENT

**EXPOSES**: this doctoral thesis meets all the current Doctorate Regulations to be presented as a compendium of publications.

Thesis title....................................................................................................................................................….

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Thesis director and co-directors and thesis tutor ………………………………………………………………………………………………………………………………………………………………….............……………………………………………………………......………………………………………………......…………………………………

* PhD Program in .......................................................................................................................................................

**REQUESTS**: authorization to present the thesis as a compendium of publications to the *Universitat Autònoma de Barcelona*, for which the **following documentation** is provided:

* Report signed by the thesis director and co-directors and the thesis tutor stating the suitability of the thesis to be presented as a Compendium of Publications.
* Written acceptance from all co-authors + express renounce from non-doctor co-authors to use the works as part of their own thesis. (Documents with original signature only. No scans, copies, faxes, or documents in pdf format will be accepted).
* Copy of the publications with the **affiliation of the doctoral candidate to the UAB**.

Published works: Bibliography: author/s, title, in case of journals, book chapters or books, place and date of publication (including month and year), etc.

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*(add more lines as needed)*

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***Signatures***

*Whom is concerned Thesis director and co-directors Thesis tutor*

Bellaterra (Cerdanyola del Vallès), ..............of .....................................of 20...............

**ACADEMIC COMMISSION OF THE PHD PROGRAM IN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**