, with the DNI/NIE/Passport.

residing in , Postal Code

street , number. ..........., floor and door ,

phone ............................. , e-mail....................................................................................,

e-mail campus UAB......................................................................................................................................................

**I REQUEST:**

The evaluation of my RESEARCH PLAN and its approval.

Bellaterra (Cerdanyola del Vallès), , 202…

**Signature of the interested party**

Approval of the director and the thesis tutor:

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of the director** (Indicating Name and Surname) | **Signature of the director** (Indicating Name and Surname) | **Signature of the director** (Indicating Name and Surname) | **Signature of the tutor** (Indicating Name and Surname) |

Considering the request for evaluation of the RESEARCH PLAN, the doctoral program committee meeting on....................., It has been resolved:

* Approve the RESEARCH PLAN with the registration number

 With a dedication:

* + - * + Full time
				+ Part time
* Not approving the RESEARCH PLAN. Reasons (can be attached in an attached document)

**Signature of the coordinator of the Doctorate in Medicine Program**

**Dr. Jaume Alijotas Reig** Seal

Bellaterra (Cerdanyola del Vallès),………………..……….., 202….

**THESIS PROJECT RESEARCH PLAN** (in a maximum of five pages)

**TÍTOL** (in Catalan):

**TÍTULO** (in Spanish):

**TITLE** (in English):

**RESEARCH LINES**: Choose a research line

**BACKGROUND AND CURRENT STATUS OF THE TOPIC**: (most relevant quotes)

**HYPOTHESIS**:

**OBJECTIVES**:

**TYPE OF STUDY. METHODOLOGY** (indicate whether it is an experimental study, with or without randomization, analytical observational, etc…):

**WORKPLAN** (temporal planning of research development by annuities):