**EUROPEAN INDUSTRIAL DOCTORATE DESIGNATION**

**REQUEST FORM**

|  |
| --- |
| Last name…………………………………………First name……………………………………….  Address……………………………………………………………………….Postal code…………  City……………………………………..Telephone No.…………………………………………  ID Card/Passport……………………….E-mail…………………………………………………….. |

**REQUESTS TO RECEIVE:**

THE EUROPEAN INDUSTRIAL DOCTORATE DESIGNATION

|  |
| --- |
| Thesis Title……………………………………………………..……………………………………….  Thesis Supervisor…………………………………………………………………………………….  Company or Institution where Thesis was completed.….…………………………………………  Supervisor at the institution…………………………………………………………………………  Doctoral Program………………………....................................................................................... |

**SUPPORTING DOCUMENTS:**

COPY OF EMPLOYMENT OR COMMERCIAL CONTRACT WITH DOCTORAL STUDENT

Company or Institution………………………………….…………………………………….

Address……………………………………………….Duration of contract…………………

APPROVAL OF DOCTORAL PROGRAM’S ACADEMIC COMMITTEE

Date and Student Signature

Signed: