

Acceptance as an expert for the evaluation of doctoral thesis according to "Doctorate Programme regulated by R.D. 99/2011".

**Details of the person acting as expert**

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| --- | --- | --- |
| Surname: | Name: | DNI/Passport (if belonging to a foreign institution): |
| Current University/Research Centre: | | Posi<on held: |
| E-mail: | | |
| University and year in which the doctorate was obtained: | | |

**Details of the thesis being evaluated**

|  |  |
| --- | --- |
| Surname doctoral student: | Name of doctoral student: |
| Title of the Thesis: | |
| Thesis supervisor: | |

I hereby conﬁrm my willingness to issue a report on the aforementioned Thesis using the model oﬀered by the university and within a **maximum period of one month** from receipt of the Thesis.

The report issued will be addressed exclusively to the Doctoral Programme Coordinator Dr./Dr. (email address: ) preserving at all times the conﬁdentiality of the evaluation process.

Signed at , on de , 202\_.

*Name and handwritten signature, or digital signature*

For the attention of the Academic Committee of the Doctoral Programme and the International Doctoral School of the Universidad Politécnica de Cartagena