



## Withdrawal request in Doctoral Studies

### Personal and academic information

Name and surnames:

ID/Passport:

Institutional email:

Phone number:

### Doctoral program in Communication

Investigation topic:

Tutor's full name:

Director's full name:

### REQUEST:

#### A. Temporal withdrawal (select one)

A.1. Illness, pregnancy, maternity/paternity leave, long illness

A.2. Voluntary leave

Start date:

End date:

#### B. Definitive withdrawal

### MOTIVATION:

Signature

Tutor's  
approval

Director's  
approval