



Application for extension in Doctoral Studies in Communication

Name and surname: _____ Id nº: _____
Institutional email address: _____ Phone number: _____
Director 1 name: _____ Tutor's name: _____

Director 2 name (If co-direction occurs: _____

IN REQUESTING:

First extension

Second extension

Brief exposition of reasons that justify the granting of the extension for the deposit of the doctoral thesis:

Phd candidate's
signature

Accepted by
the tutor

Accepted by
director 1

Accepted by
Director 2