# TRIBUNAL DE LA TESIS DOCTORAL / DOCTORAL THESIS COURT

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| Doctorando / Doctoral candidate |  |
| NIF o pasaporte / ID or passport number  |       |
| Título de la tesis / Thesis Title |       |
| Director / Thesis Director |       | Correo Electrónico / E-mail |       |
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| Codirector(es) /Codirector(s) |       | Correo Electrónico / E-mail |       |
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Propuesta, aprobada por la Comisión Académica responsable del programa de doctorado, de expertos en la materia que vayan a formar parte del Tribunal de Tesis, de acuerdo con lo previsto en el reglamento de doctorado artículo 19 y el artículo 186 de los Estatutos de la UBU, oído el Director de Tesis / Proposal, approved by the Academic Commision responsible of the doctorate program, of experts in the field that will be part of the Doctoral Thesis Court, in compliance with the Doctorate regulation, articles 19 and 186 of the UBU Regulation, approved by the thesis director.

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| Presidente / President |  |       |       |
| Secretario / Secretary |  |       |       |
| Vocal 1 / Chair 1 |  |       |       |
| Vocal 2 / Chair 2 |  |       |       |
| Vocal 3 / Chair 3 |  |       |       |
| Suplente 1 / Substitute 1 |  |       |       |
| Suplente 2 / Substitute 2 |  |       |       |

El tribunal estará constituido por cinco miembros titulares y dos suplentes, todos con el grado de doctor y con experiencia investigadora acreditada. Como máximo, dos de los miembros pertenecerán a la Universidad de Burgos o a las instituciones colaboradoras en el programa de doctorado / The court will be composed of five principal members and two substitutes, all of them holding a Doctorate and demonstrated research experience. A maximum of two members will belong to the University of Burgos or to any of the collaborating institutions in the Doctorate program.

EL DIRECTOR(ES) DE LA TESIS / THESIS DIRECTOR(S)

Fdo. / Signature: …………………………………..

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| Lugar y fecha / Place and date: ………………………….. EL PRESIDENTE/A DE LA COMISIÓN ACADÉMICA DEL PROGRAMA DE DOCTORADO / THE PRESIDENT OF THE ACADEMIC COMMISION OF THE DOCTORATE PROGRAM Fdo. / Signature: …………………………………………… |  Lugar y fecha / Place and date: ………………………EL DIRECTOR DE LA ESCUELA DE DOCTORADO / THE DIRECTOR OF THE DOCTORATE SCHOOLFdo. / Signature: Joaquín Antonio Pacheco Bonrostro |

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# INFORME SOBRE EXPERIENCIA INVESTIGADORA / RESEARCH EXPERIENCE REPORT

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