



Universidad de Valladolid



Form 1T

DEFENCE AUTHORIZATION BY THE PhD THESIS SUPERVISOR

(As required by Section 7.2. of the Regulation concerning doctoral thesis defense at UVa)

TO THE CHAIRMAN OF THE PhD BOARD OF THE UNIVERSIDAD DE VALLADOLID

Full name: .

ID or passport number:

Department:

University or Research Institution:

Postal address:

E-mail:

I hereby authorize the defense of the PhD thesis entitled:

Written by Mr./Mrs.

under my supervision, within the PhD program¹

after taking into account the following considerations²

Thesis supervisor,

Place and date:

Signature:

¹ Name of the PhD program in which the student is registered at the Universidad de Valladolid (you may cut and paste it in Spanish).

² Please briefly summarize the reasons that lead you to consider that the thesis is suitable for defense.