



**AUTHORISATION OF EXTERNAL RESEARCH PERSONNEL TO TAKE PART IN
DOCTORAL PROGRAMMES OF THE UNIVERSITAT POLITÈCNICA DE VALÈNCIA**

(To be completed by the institution of the collaborating investigator)

Full name of the institute representative

Position of the representative and name of institution/center

Authorises Dr.

Full name of the collaborating investigator; Identification number (DNI/NIE/passport)

to participate in the supervision of doctoral theses at the Universitat Politècnica de València in the PhD Programme

Name of Doctoral Programme

Date, signature and institution stamp