ANNEX 1 - APPLICATION FOR A TUITION GRANT - COURSE 2020-2021

PERSONAL INFORMATION

Name: Surname:

NIF / NIE / Passport number: Contact phone:

Postal address for notification purposes:

Postal Code: Town:

I EXPOSE

That I am pursuing a doctorate at the URV within the Doctoral Program in Cognitive Science and Language and that I am enrolled in the 2020-2021 academic year.

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2020

In compliance with art. 5 of Organic Law 15/1999, of December 13, on the protection of personal data, you are informed that the personal data you provide will be incorporated and processed in a file whose purpose is to manage and process the requests to this call . The person in charge of this file is the manager of the Rovira y Virgili University, with address in Tarragona, calle del Matadero, s / n. You have the right to access, rectify and, where appropriate, cancel your data and oppose its treatment, under the conditions provided in current legislation. To exercise these rights, you must submit a letter or form in the URV Registry, in person at calle del Matadero, s / n - 43003 Tarragona or electronically (https://seuelectronica.urv.cat/registre.html) directed Chair University Region of Knowledge.

Description of the activities carried out in relation to the thesis during the 2019-2020 academic year

ANNEX 2

ACCEPTANCE OF DOCTORAL TUITION GRANT: 2020-2021 ACADEMIC YEAR

................................................................................., with NIF / NIE / passport nº .......................,

I accept the tuition grant for the Doctorate in Cognitive Science and Language, call 2020-2021.

I know the conditions of the call for doctoral tuition grants 2020-2021, and I undertake to:

Take full advantage of the training activities of the doctoral program.

I also undertake to repay the URV the amount of the grant if:

I do not comply with any of the conditions of the call,

I leave the studies.

……………………………………………..., ...........of ....…………………………..of 2020

[Signature of the person concerned]