**TRANSFER REQUEST STATEMENT**

A request for doctoral student transfer may be made, as an exceptional measure, provided fully-substantiated grounds that make difficult or impede the continuation of research work in the research unit.

**Request filed by:**

**Title: Surname: Common name: Name:**

Date of birth: …../ …../ …. in: Country:

**INE Number:**

**In order to transfer the preparation of my thesis to another institution:**

**Title of Thesis:**

**Date of first enrolment in doctoral studies:**

**Institution enrolling student:**

**Thesis Supervisor**: Surname: Name:

**Research Unit**:

**SUMMARY** of funding received per year to date and in the future (specify your status (employee, fellowship recipient), body or institution providing funds, any additional activities: teaching, doctoral assignment - consulting, substitute positions, etc.)

|  |  |
| --- | --- |
| 1st Year |  |
| 2nd Year |  |
| 3rd Year |  |
| *4th Year\** |  |
| *5th Year\** |  |

*\* Enrolment subject to exemption*

**Institution to which I am seeking transfer:**

**Name of institution:**

**Address:**

**Thesis supervisor** (if different): Surname: Name:

**Research Unit**:

**Grounds for request:**

|  |
| --- |
| **The Doctoral Student**  **I hereby submit my petition to be transferred to another institution. I have attached to this declaration the supporting documents that may be of use in reviewing this request and a letter substantiating it.**  Signed in:  *Surname, Name, Date, Signature* |
| **The Thesis Supervisor**  in favour  against  Remarks, if applicable:  The Thesis Supervisor  *Surname, Name, Date, Signature* |
| **The Research Unit Director**  in favour  against  Remarks, if applicable:  The Thesis Supervisor  *Surname, Name, Date, Signature* |
| **The director of the doctoral school recommends that the institution head**  **accept the transfer request**  **reject the transfer request**  Remarks, if applicable:  The Doctoral School Director  *Surname, Name, Date, Signature* |

**The President of the University of Paris-Saclay,** considering the 25 May 2016 Ministerial Order on doctoral training, having sought the opinion of the thesis supervisor, the research unit director and the doctoral school director,

**ACCEPTS**  **REJECTS**  the request for transfer to another institution filed by:

Title: Surname: Common name: Name:

Date of birth: …../ …../…. in: Country:

**Signed in:**

**Date:**

**Signature:**