



APPLICATION

APPLICANI			
Surname(s):		Name(s):	
ID card:	Address for communication:		
			Postcode:
Town:	Province:	Phone:	
Mobile:	Email:		
Degree programme:	a faculty or school of the University of Granada)		
STATEMENT OF FACTS (if you need more space, use additional sheets)			
REQUESTS (if you need more space,	use additional sheets)		
ATTACHED DOCUMENTS			
			SIGNATURE
Town	Date		
Addressed authority:		<u> </u>	
Audi coscu autilulity.			

The personal data you provide in this form will be processed by the UNIVERSITY OF GRANADA, with headquarters in Avda. del Hospicio, s/n 18071 Granada, for its relevant purposes. You may exercise your rights of access, rectification, cancellation and opposition to the processing of your data by sending a written request to the University of Granada Secretary's Office at the address indicated above, accompanied by a copy of your ID card. This information is provided in accordance with Article 5 of Organic Law 15/1999, of 13 December, on the Protection of Personal Data.

Website: http://escuelaposgrado.ugr.es