



Register:

CHANGE TO STUDY MODE

Indicate the name of the master's degree programme

MASTER'S DEGREE	
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APPLICANT DETAILS:

FULL NAME	
ID CARD/PASSPORT NUMBER	
ADDRESS FOR COMMUNICATION	
TOWN	
POSTCODE	
PHONE	
EMAIL	

STATEMENT: I am currently registered for _____ ECTS credits and am aware of the different modes of study that have been established by Resolution of the Rectorate of the University of Granada. This Resolution issues the Regulations on Formal Registration corresponding to the academic year 20__-20__ for master's degrees and doctoral programmes.

REQUEST: I hereby apply for part-time registration as established in the abovementioned Resolution of the Rectorate of the University of Granada.

COURSES YOU WANT TO DROP (You must be registered for at least 24 ECTS credits)	CREDITS

The following documents are provided as evidence of the reasons preventing me from pursuing full-time studies:

Granada, _____ [Date]

Signature: _____

DIRECTOR OF THE INTERNATIONAL SCHOOL FOR POSTGRADUATE STUDIES (EIP)

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.