Universitat de les Illes Balears

REGISTRATION EXTENSION APPLICATION OFFICIAL MASTERS/DOCTORAL STUDIES **Year: 20 ___ - 20 ___**

Personal information
Surname(s) and first name:
DNI/NIE/PASSPORT::
Telephone:
E-mail address:

Studies registered for:
☐ Official Masters Studies:
☐ Official Doctoral Studies
Master's module: Doctoral line of research chosen:

Code	**Course**	**Credits**

Palma, on 20__

Student signature,

Masters/Doctorate management/coordination consent,