

**Diploma Withdrawal Application**  
**PhD - HDR**

☐ Mr. ☐ Mrs.

Surname: ..... Married name: .....

First name: ..... Student N°: .....

Date of birth: ..... Place of birth: .....

Nationality: .....

Address: .....

.....

Post code: ..... City: .....

Country: .....

Home phone: ..... Mobile phone: .....

Email: .....

I hereby request the following diploma(s):

- ☐ 1st request  
☐ Reprinting

| Type of diploma<br>(PhD or HDR) | Specialization | Defense date |
|---------------------------------|----------------|--------------|
|                                 |                |              |
|                                 |                |              |

**The completed form must be returned to the College of Doctoral Schools, along with the following documents:**

- 1 photocopy of your official, valid identity document.
- The proxy request, where applicable.
- 1 rigid A4 envelope with the necessary pre-paid stamps to be sent as a registered "R1" letter with request for acknowledgement of receipt, for a weight of 50g, labelled with your address (in France or the European Union) **or** to the address of your nearest French Embassy or Consulate (outside Europe).
- The fully-completed registered letter slip (sender: Université de Bordeaux - Collège des écoles doctorales – Service Scolarité du doctorat et des HDR - Bât A33 - 351 Cours de la libération - 33405 Talence cedex).

**Date of request:** ..... **Signature compulsory :**