Graduate Research School — université de BORDEAUX

PROXY

I the undersigned:

Full name:.....

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

Nationality:.....

Residing at: .....

.....

.....

Authorize the Graduate Research School of the University of Bordeaux to give to:

Full name:.....

Date of birth: .....

Type of diploma (PhD or HDR)	Specialty	Academic year obtained

Documents to be presented:

- Photocopy of an ID in the name of the person holding the degree(s)

- ID of the representative (no degree will be given without these documents)

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

Adresse postale
Université de Bordeaux
Collège des écoles doctorales
351 cours de la Libération
33405 Talence cedex
https://college-doctoral.u-bordeaux.fr
https://college-doctoral.u-bordeaux.fr/en