REGISTRATION AUTHORIZATION REQUEST FORM

in 1st year of doctorate

College year 2022 - 2023

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Student | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I.N.E. number (*Number displayed on your latest student card*) | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Student number *(For students already enrolled in UNICAEN)* | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Mrs  Mr Birth SURNAME | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current SURNAME | | | | | | |  | | | | | | | | | | | | | | | | | | | | Name | | | | |  | | | | | |
| Date of birth | | | /   / | | | | | | | | | | | | | | CITY of birth | | | |  | | | | | | | | | | | | | | | | |
| Country of birth | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Nationality | | | |  | | | | |
| Adress |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ZIP code | |  | | | | | | | | CITY | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Phone |  | | | | | | | | | | | | | Cellphone | | | | |  | | | | | | | | | | | | Email | | |  | | | |
| Are you disabled or suffer from a chronic disabling condition?  YES  NO  *If YES and you would like to receive support during your academic track : Feel free to contact the University Service of Preventive Medicine and Health Promotion - Service Universitaire de Médecine Préventive (S.U.M.P.P.S. :* [sumpps@unicaen.fr](mailto:sumpps@unicaen.fr)*) as well as the health handicap point of contact - Relais handicap santé (*[deve.accueil.handicap@unicaen.fr](mailto:deve.accueil.handicap@unicaen.fr)*).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Diploma granting acces to the doctoral program | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Master’s degree | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year of graduation | | | | | |  | | | | | Institution of graduation | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Other diploma – Special dispensation *(****Argument of the thesis director for the council of the compulsory doctoral school****)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student with a foreign degree | | | | | | | | | | | | | | | | | | | | | | | | | | Student holding a French diploma that does not grant the level of a master’s degree | | | | | | | | | | | |
| *If a student* *wants to benefit from a validation of experience provided for in article L. 613-5 of the Education Code, it must first contact the specific service :* [*vae@unicaen.fr*](mailto:vae@unicaen.fr) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title and specialty | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Year of graduation | | | | | |  | | | | | Institution of graduation | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| Requested enrollment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Code and name of the field of registration PhD desired | | | | | | | | | | | | | | | | | | Choisissez un élément. | | | | | | | | | | | | | | | | | | | |
| Institution of affiliation  (U.F.R., Institute, …) | | | | | | | | | | | | | Choisissez un élément. | | | | | | | | | | | | | | | | | | | | | | | | |
| Doctoral school | | | | Choisissez un élément. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Research unite | | | | | | | | Choisissez un élément. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Your thesis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title of the thesis  (I*n capital letters*) | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Envisaged specificity(ies) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Request for specificity(ies) must be issued via the form(s) downloadable on the UNICAEN website* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Confidentiality  considered | | | | | | YES  NO | | | | | | | If YES, end date of condentiality considered (Limited to 10 years) : Le   /   /  *To be requested and motivated in the doctoral training agreement* | | | | | | | | | | | | | | | | | | | | | | | | |
| Cotutelle  considered | | | | | | YES  NO | | | | | | | If YES, with which country :  ATTENTION : it is MANDATORY to submit an official request.  *Find more information on* *UNICAEN website : https://www.unicaen.fr/recherche/etudes-doctorales/faire-une-these/partir-a-letranger/faire-sa-these-en-cotutelle-internationale/* | | | | | | | | | | | | | | | | | | | | | | | | |
| Co – supervision  considered | | | | | | YES  NO | | | | | | | *Excerpt from the decision of the Academic Council of Normandie Université dated September13th, 2016: « Thesis co-supervision is exclusively intended for non-HDR researchers of the ComUE Normandie University wishing to acquire experience in supervision with the aim to obtain the Habilitation to Direct Research (HDR).*  *Co-supervision in Caen is only possible for Lecturers from Caen University and solely for the PhD student’s first year of enrollment.* ***The request must necessarily be reviewed by the CAC of Caen who will decide on the application***  *Find the information and the form for the recognition of co-supervision of thesis :* [*https://www.unicaen.fr/recherche/etudes-doctorales/faire-une-these/sinscrire-en-doctorat/suivi-et-modification-du-doctorat/demande-de-reconnaissance-de-co-encadrement-de-these/*](https://www.unicaen.fr/recherche/etudes-doctorales/faire-une-these/sinscrire-en-doctorat/suivi-et-modification-du-doctorat/demande-de-reconnaissance-de-co-encadrement-de-these/) | | | | | | | | | | | | | | | | | | | | | | | | |
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| Funding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a doctoral contract / agreementl ? | | | | | | | | | | | | | | | | YES  NO | | | | | | | | | | | | | | | | | | | | | |
| If YES :  University of Caen Normandy  Normandy region (RIN 50%, RIN 100%)  Other employer  *(Please provide the name, acronym, adress of the employer of the doctoral contract (Contract’s signatory)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Source of funding *: Select financing according to you status* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State funding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Institute funded grant  (*COD-OFI 13)* | | | | | | | | | | | | | | | | | | | | University  Autre | | | | | | | | | | | | | | | | Name of the institution | |
| Disability grant  *(COD-OFI 16)* | | | | | | | | | | | | | | | | | | | | Given by the ministry  Given by another institution | | | | | | | | | | | | | | | | Name of institution | |
| Grant from the École Normale Supérieure  (*COD-OFI 15)* | | | | | | | | | | | | | | | | | | | | Specity the name | | | | | | | | | | | | | | | | | |
| Grant from the École Polytechnique  (*COD-OFI 15)* | | | | | | | | | | | | | | | | | | | | Specify the name | | | | | | | | | | | | | | | | | |
| Grant from a ministry | | | | | | | | | | | | | | | | | | | | Choisissez un élément. | | | | | | | | | | | | | | | | Denomination on the funding | |
| Grant given by a large research organization - E.P.S.T.  (*COD-OFI 14)* | | | | | | | | | | | | | | | | | | | | Choisissez un élément. | | | | | | | | | | | | | | | | Specify the name | |
| Endowment from an E.P.I.C. (Establishment of an industrial and commercial nature)  (*COD-OFI 22)* | | | | | | | | | | | | | | | | | | | | Choisissez un élément. | | | | | | | | | | | | | | | | Specify the name | |
| Endowment from an E.P.A. (Public administrative establishment)  (*COD-OFI 23)* | | | | | | | | | | | | | | | | | | | | Choisissez un élément. | | | | | | | | | | | | | | | | Specify the name | |
| Funding from local authorities (dont regional funding) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Funding from the Normandy Region RIN 100%  (*COD-OFI 24)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Funding from the Normandy Region RIN 50%  (*COD-OFI 24)* | | | | | | | | | | | | | | | | | | | | Specify th name of the responsile for funding the remaining 50% | | | | | | | | | | | | | | | | | |
| Funding from another local authority  (*COD-OFI 25)* | | | | | | | | | | | | | | | | | | | | Choisissez un élément. | | | | | | | | | | | | | | | | Specify the name | |
| Funding from french public research funding agencies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Funding from an A.N.R. – Agence Nationale de Recherche – Research national agency  (*COD-OFI 26)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | Name of the A.N.R. | | | | | | | | | |
| Funding from a LABEX – Laboratoire d’excellence (et PIA)  (*COD-OFI 28)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | Name of the LABEX | | | | | | | | | |
| Funding from an IDEX – Initiative d’excellence  (*COD-OFI 27)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | Name of the IDEX | | | | | | | | | |
| Funding from french agencies  (*COD-OFI 29)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | Name of the agency | | | | | | | | | |
| Public funding from the Fond Unique Interministériel (F.U.I.)  (*COD-OFI 29)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | Name of the agency | | | | | | | | | |
| CIFRE funding - *(COD-OFI 31)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the financial company | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Private funding from organisations based in France | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Association, Foundation, Sponsorship, Charity  (*COD-OFI 33)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | Choisissez un élément. | | | | | | | *Name of the organization* | | |
| Research agreement with a french company  (*COD-OFI 32)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | Name of the company | | | | | | | | | |
| Research agreement with a foreign company  (*COD-OFI 41)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | Name of the company | | | | | | | | | |
| Private law doctoral contract  (*COD-OFI 32)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | Name of the company | | | | | | | | | |
| Funding from European commission | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2020 E.R.C. funding – European Research Council  (*COD-OFI 34)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | Name of the E.R.C. | | | | | | | | | |
| H2020 Marie SKLODOWSKA CURIE, I.T.N. – Innovative training networks funding  (*COD-OFI 35)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | Specify the name | | | | | | | | | |
| Other European H2020 funding including FEDER  (*COD-OFI 37)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | Specify the name | | | | | | | | | |
| ERASMUS  (*COD-OFI 36)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | Specify the name | | | | | | | | | |
| Foreign funding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Funding from a foreign european government  (*COD-OFI 38)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Indicate the country | | | | | | | |
| Funding from a foreign non-european government  (*COD-OFI 39)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Indicate the country | | | | | | | |
| Other funding from foreign government  (*COD-OFI 40)* | | | | | | | | | | | | | | | | | | | | | | | Foreign embassy  Campus France  AUF  Other | | | | | | | | | | | | | | *Specify the funding name & country* |
| Funding from a foreign company  (*COD-OFI 40)* | | | | | | | | | | | | | | | | | | | | | | | Specify the funding name & country | | | | | | | | | | | | | | |
| Funding by continuing education organization - *(COD-OFI 42)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the organization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Funding from international organization - *(COD-OFI 43)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the organization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other funding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employed in the private industry (Except teaching positions)  (*COD-OFI 10)* | | | | | | | | | | | | | | | | | | | | | | | | In France  Abroad | | | | | | | | | | | Specify the country | | |
| Employed in the public sector (Except teaching positions)  (*COD-OFI 10)* | | | | | | | | | | | | | | | | | | | | | | | | In France  Abroad | | | | | | | | | | | Specify the country | | |
| Teacher in secondary or primary school  (*COD-OFI 10)* | | | | | | | | | | | | | | | | | | | | | | | | In France  Abroad | | | | | | | | | | | Specify the country | | |
| Teacher in higher education  (*COD-OFI 10)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other type of funding in France or abroad | | | | | | | | | | | | | | | | | | | | | | Specify the type of funding | | | | | | | | | | | | | | | |
| Without funding associated with the thesis  (*COD-OFI 11)* | | | | | | | | | | | | | | | | | | | | | | Own resources  Retirement  Other | | | | | | | | | | | | | Specify the funding source | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Required documents | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mandatory | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Copy of +5 baccalaureate diploma allowing access to the doctorate ;  Curriculum Vitae with address, email and phone number ;  Proof of funding (e.g., contract, agreement, employer certification, etc.) ;  The thesis proposal and title (typed), 1 to 1 ½ pages at the most ;  Two copies of the doctoral training agreement ;  Two copies of the Doctoral Charter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If other diploma than french master – Special dispensation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Argument of the thesis director for the council of the compulsory doctoral school | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Student with foreign degree* | | | | | | | | | | | | | | | | | | | | | | | | | | *Student holding a french diploma that does not grant the level of a master’s degree* | | | | | | | | | | | |
| ○ Diplomas and transcripts translated into french with original stamps  ○ Birth certificate  ○ Copy of the passport (or ID card if the issuing country is in the European Union) | | | | | | | | | | | | | | | | | | | | | | | | | | ○ Diplomas, works and professional experience in support of the application | | | | | | | | | | | |
| If envisaged specificity(ies) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *If confidentiality considered*: To be requested and motivated in the doctoral training agreement  *If cotutelle* : The cotutelle request form  *If co-supervision* : Form for recognition of co-supervision of thesis *(as soon as the co-supervisor is known).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Importants informations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *The reporting of theses being prepared allows the scientific community to know the state of doctoral research in progress. This census is done in the STEP (Thesis in Preparation Reporting) section for a public display on the website thèses.fr http://www.theses.fr/. This reporting is one of the proper practices for the visibility of French research. It does not guarantee any protection or exclusivity on the subject treated.*  *The right of access and rectification provided for by law n° 78/17 of January 6th, 1978, relating to data processing, data files and freedoms, can be requested from the ABES national assistance desk by email at the following address* [*https://stp.abes.fr*](https://stp.abes.fr)  **If your application is incomplete, the period of time of two months, at the end of which an implicit decision of acceptance is likely to be issued, starts only after receiving this information and/or documents. If they are not provided, you will be deemed to have withdrawn your application.**  **The return of the information/documents determines whether your file will be processed and therefore your enrollment made possible. The latter must take place by November 30, 2022 at the latest.** *For more information : Decree of May 25th, 2016 setting the national framework for the training and the procedures leading to the award of the national doctoral diploma* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- |
| Signatures | | | | |
| The student | | | | |
| Mrs  Mr | SURNAME |  | Name |  |
| Certify on my honor the accuracy of the above informations. | | | | |
| Signature Date : / / 202 | | | | |

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| The thesis advisor | | | | | | | | | | | | | | | | | | |
| Mrs  Mr | | SURNAME | | | | |  | | | | | | | Name | | |  | |
| Phone |  | | | | | Cell phone | | | |  | | | Email | |  | | | |
| Institution of affiliation  (U.F.R., Institut, …) | | | | | Choisissez un élément. | | | | | | | | | | | | | |
| Doctoral school of affilition | | | | | | | | Choisissez un élément. | | | | | | | | | | |
| Research Unit | | | Choisissez un élément. | | | | | | | | | | | | | | | |
| Status | Lecturer  Lecturer holding an H.D.R.  Researcher holding an H.D.R.  Professor | | | | | | | | | Senior scientist  Other rank with an H.D.R. : Specify | | | | | | Organization | | C.N.R.S.  I.N.R.A.  I.N.S.E.R.M.  Autre : Specify |
| H.D.R. granted date | | | | /   / | | | | | H.D.R. granted place | | |  | | | | | | |
| **IN FAVOR** | | | | | | | | | | | **AGAINST** *(to justify)* | | | | | | | |
| ***If the level of study allowing access to a doctorate is requested by way of derogation,***  ***the thesis advisor must attach a motivated cover letter addressed to the doctoral school council*** | | | | | | | | | | | | | | | | | | |
| Stamp of research unit | | | | | | | | | | | Signature of thesis advisor Date : / / 202 | | | | | | | |

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| The thesis co-advisor | | | | | | | | | | | | | | | | | |
| Mrs  Mr | | SURNAME | | | |  | | | | | | | | Name | |  | |
| Phone |  | | | | Cell phone | | | | |  | | | Email | |  | | |
| Name and adress of affiliation institution (If out of UNICAEN) | | | | | | | |  | | | | | | | | | |
| Doctoral school of affiliation | | | | | | |  | | | | | | | | | | |
| Research Unit | | |  | | | | | | | | | | | | | | |
| Status | Lecturer  Lecturer holding an H.D.R.  Researcher holding an H.D.R.  Professor | | | | | | | | Senior scientist  Other rank with an H.D.R. : Merci de préciser | | | | | | | Organization | C.N.R.S.  I.N.R.A.  I.N.S.E.R.M.  Other : Merci de préciser |
| H.D.R. granted date | | | | /   / | | | | | H.D.R. granted place | | |  | | | | | |
| **IN FAVOR** | | | | | | | | | | | **AGAINST** *(to justify)* | | | | | | |
| Stamp of research unit | | | | | | | | | | | Signature of thesis co-advisor Date : / / 202 | | | | | | |
| ***If their affiliated doctoral school is different from the advisor’s doctoral school (DS)*** | | | | | | | | | | | | | | | | | |
| Stamp of the doctoral school of the co-advisor | | | | | | | | | | | SURNAME & name of the co-advisor’s doctoral school director hereby agreeto this co-advisorship. Signature Date : / / 202 | | | | | | |
| Agreement of the thesis advisor on the co-advisorship | | | | | | | | | | | | | | | | | |
| Stamp of research unit | | | | | | | | | | | SURNAME and Name of the thesis advisorhereby agree to this co-advisorship.Signature Date : / / 202 | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Proposal of the research unit from the University Caen Normandy | | | | | | | | | | | |
| Mrs  Mr | | SURNAME | | |  | | | | Name | |  |
| Phone |  | | | Cell phone | |  | | Email | |  | |
| Research unit | | | Choisissez un élément. | | | | | | | | |
| **IN FAVOR** | | | | | | | **AGAINST** *(to justify)* | | | | |
| Stamp of research unit | | | | | | | Signature of the director of the research unitfrom the University Caen Normandy Date : / / 202 | | | | |
|  | | | | | | | | | | | |
| Proposal of the doctoral school council | | | | | | | | | | | |
| Mrs  Mr | | SURNAME | | |  | | | | Name | |  |
| Doctoral school | | Choisissez un élément. | | | | | | | | | |
| **IN FAVOR** of the enrollment | | | | | | | **AGAINST** the enrollment *(to justify)* | | | | |
| Any comments | | | | | | | | | | | |
| Stamp of the doctoral school | | | | | | | Signature of the director of the doctoral school Date : / / 202 | | | | |
|  | | | | | | | | | | | |
| Decision of the president of the Univerty Caen Normandy | | | | | | | | | | | |
| **Enrollement granted** | | | | | | | **Enrollment denied** *(to justify)* | | | | |
| Motivated refusal | | | | | | | | | | | |
| Signature of the President of the University Caen Normandy Mr LAMRI Adoui  Date : / / 202 | | | | | | | | | | | |

Follow-up form for the registration file

in 1st year of doctorate

2022 – 2023

***This document is to be completed only by***

***by the administrative staff of the University Caen Normandy***

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| Date de réception du dossier d’inscription au pôle Formation doctorale : | | | | | | Le / / 202 | | |
| Instruction du dossier est assurée par : | | | Mme  M. | | | | | |
| Tampon de l’École Doctorale | | |  | | | | | |
| Pièces obligatoires à fournir *au plus tard le 30/11/2022* | | | | | | | Manquante | Validée le : |
| Dossier d’inscription | | | | | complété | |  |  |
| signé | |  |  |
| daté | |  |  |
| Copie du diplôme de Bac +5 permettant l’accès au doctorat | | | | | | |  |  |
| Curriculum Vitae avec adresse, courriel et n° de téléphone | | | | | | |  |  |
| Justificatif du financement (contrat, attestation de l’employeur, ...) | | | | | | |  |  |
| Le projet de thèse et son titre (dactylographiés) 1 à 1 page ½ max. | | | | | | |  |  |
| Deux exemplaires de la Convention de formation doctorale | | | | | | |  |  |
| Deux exemplaires de la Charte du doctorat | | | | | | |  |  |
| Si autre diplôme qu’un master français (Demande de niveau d’études par dérogation) | | | | | | | | |
| Argumentaire du directeur de thèse pour le conseil de l’école doctorale | | | | | | |  |  |
| *Si l’étudiant est titulaire d’un titre étranger* | | Diplômes et relevés de notes traduits en français avec tampons originaux | | | | |  |  |
| Extrait d’acte de naissance | | | | |  |  |
| Photocopie du passeport (ou de la carte d’identité pour les ressortissants européens) | | | | |  |  |
| *Si l’étudiant est titulaire d’un diplôme français ne conférant pas le grade de master ou bénéficiant d’une V.A.E.* | | | | Diplômes, travaux et expérience professionnelle détaillés | | |  |  |
| Si spécificité(s) demandée(s) | | | | | | | | |
| *Si confidentialité* | Demande à formuler et motiver dans la convention de formation doctorale | | | | | |  |  |
| *Si cotutelle* | Formulaire de demande de cotutelle | | | | | |  |  |
| *Si co-encadrement* | Formulaire de demande de co-encadrement | | | | | |  |  |
| **Dossier complet** | | | | | | | OUI  NON | |
|  | | | | | | | | |
| **Si le dossier est incomplet, le délai de deux mois, à l’issue duquel une décision implicite d’acceptation de l’établissement est susceptible de naître, ne court qu’à compter de la réception de toutes informations et/ou pièces manquantes. À défaut de leurs productions, l’étudiant(e) sera réputé(e) avoir abandonné sa demande.**  **Le retour des informations/pièces conditionne l’examen de son dossier et donc son inscription qui doit intervenir au plus tard le 30 novembre 2022.** | | | | | | | | |
| **Accusé de réception du dossier validé** | | | | | | | Le / / 202 | |