



RESEARCH WORK/CLASSES PLAN

The University of Évora, through its Institute for Advanced Studies and Research (IIFA) located in Largo Marquês de Marialva (Apartado 94), Évora, Portugal, represented by its Director, Prof. Manuel Pedro Ivens Collares Pereira

AND

The University of _____, through its Doctoral School/Faculty/Department of _____ located in _____ represented by its Director, Prof. _____

Agree to promote the completion of a Research Work/Classes Plan within the framework of the European Doctorate Title, approved by the Confederation of the Councils of European Rectors. The research work/Classes Plan will abide the specific conditions and general principles established in the present document.

Doctoral Student's Name: _____

Doctoral Student's Number: _____ National ID Number: _____

Address: _____

E- mail: _____ Tel: _____

Enrolled in the Doctoral Programme: _____ Since: ____ / ____ / ____

The thesis is entitled: _____

U.Évora's Supervisor: Prof. _____

E- mail: _____ Tel: _____

Details of the Research Work/Classes Plan:

3 consecutive months ☐

Alternative periods (minimum 1 month) ☐

Research/Classes period (minimum three months)

From ____/____/____ to ____/____/____

From ____/____/____ to ____/____/____

From ____/____/____ to ____/____/____

From ____/____/____ to ____/____/____



Description of the activities foreseen and the pedagogical objectives of the Research Work Plan:

The University of Évora
Institute for Advanced Studies and Research

Date ____/____/201__

Director:

Signature:

Date ____/____/201__

Doctoral Programme Director:

Signature:

Date ____/____/201__

Supervisor:

Signature:

Date ____/____/20____

Doctoral Student:

Signature:

The University of _____
Faculty of _____

Date ____/____/201__

Director:

Signature:

Date ____/____/201__

Doctoral Programme Director:

Signature:

Date ____/____/201__

Supervisor:

Signature: