Universitat de Lleida

Registration request form

Course _____ /_____

MASTER CODE

CENTRE _____

_____

ID number (or passport)

SEX ☐ Male ☐ Female

SURNAME

NAME

DATE OF BIRTH (Day Mounth Year)

PLACE OF BIRTH

PROVINCE

COUNTY

COUNTRY

NATIONALITY

CURRENT ADDRESS

PHONE

CELL PHONE

CITY

PROVINCE

POST CODE

COUNTRY

E-MAIL ADDRESS

RELATIONSHIP WITH THE UNIVERSITY

- ☐ Teaching staff
- ☐ Researcher
- ☐ Administration and Services Staff
- ☐ Other types of contract
- ☐ No relationship

REMUNERATED WORK

- ☐ In the Administration (except the University)
- ☐ In a private enterprise or self-employed
- ☐ No

I make the registration to this master as a previous formation period to the doctoral research.

- ☐ YES
- ☐ NO

UNIVERSITY SERVICES

SCHOLAR ASSURANCE ☐ YES ☐ NO
Compulsori under 28 years.

SPORTS SERVICE ☐ YES ☐ NO

ASSURANCE UNIVERPLUS ☐ YES ☐ NO
The UdL advises the student to subscribe to this assurance.
The student that does not want to subscribe must sign this renunciation.
In some cases this assurance is compulsory.

I renounce to the assurance.
(Signature)

ACADEMIC DATA

MASTER TITTLE _____

ITINERARY _____

CODE	CREDITS	MODULE / SUBJECT	CODE	CREDITS	MODULE / SUBJECT

Turn the page

VOLUNTEER CONTRIBUTIONS

"Give your 0.7 %". 3 euros will be added to the amount of your registration. ☐ YES ☐ NO

☐ One payment by standing order

☐ Payment by standing order divided into 2 terms

☐ Payment by standing order divided into instalments through loan of the Agencia de Gestió d'Ajuts Universitaris i de Recerca (AGAUR). Detailed information http://agaur.gencat.net/fraccionament

Fill in the following data:

Entity code	Agency code	Contol digit	Account number	Customer account code

Personal Data Protection Clause

In accordance with Law 15/1999 of 13th December 1999 as regards protection of personal data, we hereby notify you that the personal data you have provided will be incorporated to a registered file, of which the University of Lleida appears as holder. This file aims at managing registration and academic records and offering information about University aspects such as training, the virtual campus, job vacancies and the University of Lleida Foundation, as well as distribution of UdL publications. The data required are necessary for university purposes, they are confidential and they will be dealt with in accordance with current regulations on the matter of data protection. Lacking any of this data or refusing authorization to handle and distribute them will make the registration process impossible. Providing false data will result in proper action being taken according to present regulations. By signing this document you confirm that you have been informed of these regulations and that you give your consent to the University of Lleida to access the above mentioned data for their handling. As holder of this data you can exercise right to access, amend, object to or cancel them by writing a document addressed to the person responsible for the file to the University of Lleida, Plaça de Víctor Siurana 1 - 25003 Lleida.

I realize that the effectiveness of this registration is conditioned by the revision of the accomplishment of the legal requirements necessary and by the total payment in the established terms.

Lleida, on the ..... of ..... in .....

(Signature of the student)

Data that have to be filled in by the centre secretary		
Presented	Introduced	Revised
Date	Date	Date .....

QS3 013

The registered students have to consult the academic rules on the website: www.udl.cat