

 \checkmark Foreign students document submission

✓ Formulario para estudiantes extranjeros

REMARK

NOTA

Fill this form with Acrobat Reader.

Rellene este formulario con Acrobat Reader.

APPENDIX 1

Application form for admission on the call for places on the Serra Húnter Programme (SHP)

| PERSONAL DETAILS | | |
|----------------------------------|------------------------|--|
| Surname and Name | | |
| ID card/Passport/NIE:Address: | | |
| | | Country: |
| | | Telephone no: |
| | | |
| DETAILS OF THE PLACE PL | JT OUT TO TENDE | ER |
| Code: Category | | |
| Profile: | | |
| Date of the resolution of the c | | |
| | | |
| DOCUMENTATION SENT, in pdf form | at, through the attach | ing tool of the next page: |
| - | | |
| | | |
| Tick the option that applies: | | |
| □ The documentation has alr | eady been submitte | ed to the Serra Húnter Programme |
| \Box I am submitting updated d | locuments (please s | specify) |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | |
| □ I have not submitted any o | documentation to th | a Corra Húntar Drogramma |
| (in which case you must send the | | 5 |

I AM APPLYING:

X

The admission to the above place put out to tender

The exemption from accrediting the Catalan language level (C1) and/or the Spanish language level (C1)

within a maximum deadline of 2 year, from signing the contract, to accredit them

DECLARATION OF RESPONSIBILITY FOR THE VERACITY OF THE SUBMITTED DOCUMENTS

I HEREBY DECLARE:

1. That the documents I am submitting in this process are true copies of the original documents.

2. That I take responsibility for the veracity of the mentioned copies.

3. That I have been informed that I may need to show the originals so that the submitted copies can be checked against them in the event of any doubts arising from the copies or when the relevance of the document to the process so requires

4. That I meet all the call requirements and all other general requirements to be able to take part in the selection processes to gain access to the job category of Tenure eligible lecturer.

2019

Interested party or legal representative

Signed,

THE RECTOR OF THE UNIVERSITY OF LLEIDA.

Attachment of other complementary documents to this form

Adjunción de otros documentos complementarios a este formulario