

 **AUTHORIZATION TO COLLECT DEGREE**

Doctoral School:

I, undersigned, LAST NAME and First Name

Born on: Place of birth:

Nationality:

Address:

Authorize the Doctoral School of Université Clermont Auvergne to hand over to: LAST NAME and First Name:

Born on:

My degree:

|  |  |  |
| --- | --- | --- |
| **Type of degree**(PhD or HDR) | **Area of Research** | **Academic year**  |
|  |  |  |
|  |  |  |

**Mandatory supporting documents:**

* **Photocopy of the degree holder’s piece of identification**
* **Authorized individual’s piece of identification**

**(without these documents, the degree will not be handed over)**

**Date of the request:**

**Mandatory signature**