

*Transfer request of a doctoral student of
Institut Polytechnique de Paris to another institution*

REQUEST A TRANSFER TO ANOTHER INSTITUTION

The doctoral student transfer can be requested, on an exceptional basis, for dully justified reasons making it difficult or impossible to pursue the research tasks in the research unit.

Request filed by:

Civility: **Last name:** **Customary name:** **First name:**

Date of birth:/...../ In (Town/City) :.....Country:.....

Student National Identification (n° INE):

For the preparation of my thesis transfer to another institution:

Thesis title:

Date of 1st enrollment to the doctoral degree:

Enrollment operator institution:

Thesis supervisor: Last name: First name:

Research unit:

SUMMARY of fundings per year up to the present and the upcoming year: specify your status (employed, scholarship holder), the organism or financing institution, the potential complementary activities (teaching, doctoral council mission, part-time/replacement teachings...)

1 st Year	
2 nd Year	
3 rd Year	
4 th Year*	
5 th Year*	

**Registration submitted to derogation*

Institution where I wish to be transferred:

Name of the institution:

Address:

Thesis supervisor (if different): Last name: First name:

Research unit :

Request motives :

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The doctoral student

I hereby certify wishing to be transferred to another institution. I'm enclosing to this declaration useful proof/s for the examination of my request and the motivational explanation letter of my request.

Place:

Last name, First name:

Date and signature:

The thesis supervisor

favorable opinion

unfavorable opinion

Potential observations:

Last name, First name:

Date and signature:

Research unit supervisor

favorable opinion

unfavorable opinion

Potential observations:

Last name, First name:

Date and signature:

The Director of the doctoral school's proposal to the Head of the institution

accept the transfer request

refuse the transfer request.

Potential observations:

Director of the Doctoral School

Last name, First name:

Date and signature:

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The President of Institut Polytechnique de Paris, in view of the decree of 25 May 2016 relative to the doctoral training, having regard to the opinions of the Director of the doctoral school, the research unit supervisor, and the thesis supervisor:

ACCEPTS REFUSES the request of transfer to another institution filed by:

Civility: **Last name:** **Customary name:** **First name:**

Date of birth:/...../ In (Town/City) : Country:.....

Place:

Date :

Signature :