
 <p>UNIVERSIDAD DE LAS PALMAS DE GRAN CANARIA</p>	SOLICITUD DE DEFENSA TFT F04_PCC06	
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Name and surname:			
ID card:		Institutional e-mail:	
Address (street, number, floor):			
Postal code:		City:	
Province:		Land line:	
		Mobile phone:	

EXPLAINS: That he/she is enrolled in:	
and hands in the attached MT	
REQUESTS: A DATE for the DEFENCE of his/her MT, submitted on the indicated date for the records of this Administration office.	
TITLE OF THE MT:	
NAME OF THE RESEARCH PROJECT (just in case the project is related to a research project):	
NAME OF THE FIRM (just in case the project will be carried out together with a firm):	

Las Palmas de Gran Canaria, on the	
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Approval of tutor/s directing the MT
Sign:

The student
Sign:

A SELLAR POR LA ADMINISTRACIÓN, TRAS COMPROBAR QUE EL ESTUDIANTE (TO BE SEALED ON THE ADMINISTRATION OFFICE AFTER VERIFYING THAT THE STUDENT):		Personal de Administración (Administration staff)
Ha superado la totalidad de la carga lectiva de la titulación al excepción del TFT (<i>has passed the total teaching load of his/her degree excepting the MT</i>)		
Está matriculado en la asignatura TFT (<i>he/she is enrolled in the MT</i>)		
Ha entregado en fecha y forma las copias del TFT exigidas, 2 papel y 1 digital (<i>has handed in on the date and form the required copies—2 printed and 1 digital copy</i>)		Fdo.:
A CUMPLIMENTAR POR LA COMISIÓN TFT (TO BE FILLED BY THE FTP COMMISSION)		
TRIBUNAL ASIGNADO	TITULAR	SUPLENTE
Presidente/a		
Secretario/a		
Vocal		
FECHA	HORA	LUGAR

SECRETARIO DE LA COMISIÓN DE TRABAJO DE FIN DE TÍTULO