

APPLICATION FORM FOR ICUSTA DOCTARATE SCHOLARSHIP **YEAR 2024**

IMPORTANT: The APPLICANT must attach a brochure or other equivalent material with detailed information on the program they wish to take, specifying the objectives, structure (courses and their contents), the teaching staff, the registration fee and fee, among others.

| Full name | | |
|--|--|--|
| Institution | | |
| Academic Unit (name) | | |
| City | | |
| Position in the Unit | | |
| Type of Day (half, full) | | |
| Hiring Year (month/year) (* | ·) | |
| Current Hierarchy (year obt | ained) | |
| Academic performance eval years, must include each ev | | 3 |
| The applicant must attach t | o this applicat | tion their Curriculum Vitae updated to the year 2024 |
| Scholarship. Applications that BACKGROUND OF THE DO | t do not complete com | cademics are already accepted in the doctoral program they |
| Name of the Doctoral Pro | gram (include | e mention): |
| | | |
| University: | | |
| University: Program Duration (years) |): | |
| , | | |
| Program Duration (years) | mm/yyyy): | /yy): |



Class Schedule (days and hours): E-Learning

In person once a month: Friday and Saturday, from 9:30 a.m. to 1:30 p.m. and from 3:00

p.m. to 7:00 p.m.

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| Indicate if you have any other source of finar | cing for this development | activity or if you are | applying for one. |
|--|---------------------------|------------------------|-------------------|
| You must attach the documents that support | it. | | |

| | Type of Financing (Scholarship, Own Resources, etc.): | | | | | |
|------|---|--|--|--|--|--|
| | Institution that grants it: | | | | | |
| | Benefit Amount: | | | | | |
| | | | | | | |
| 5 RI | ELEVANCE AND QUALITY OF THE DOCTORATE | | | | | |
| V | Next, indicate the relationship that the work you do has with the improvement to which you apply, al with indicating which line of research or development area of the Faculty it applies to. Also, indicate quality of the selected Program. | | | | | |
| NOTE | : This item constitutes a key point in the evaluation of the application Point out the relationship between the work you do at your university and the | | | | | |
| | Doctorate for which you are applying. | | | | | |
| | Indicate the line of research that you will develop in the Doctorate and that has practical application of the teachings and thought of Saint Thomas Aquinas. | | | | | |
| | Name and signature Postulant | | | | | |



REPORT OF THE DEAN OR CORRESPONDING ACADEMIC AUTHORITY (Confidential)

This Report must be sent personally by the Dean or the corresponding academic authority to the executive secretary of ICUSTA. $\frac{1}{2} \int_{-\infty}^{\infty} \frac{1}{2} \left(\frac{1}{2} \int_{-\infty}^{\infty} \frac{1}{2}$

APPLICANT'S NAME:

| Relevance of the Program. Indicate the Research Line or Priority Area of Development of the Faculty or Academic Unit to which the doctorate requested by the academic is related (as defined in the respective Development Plan). Relate the work carried out by the academic with the proposed doctorate. |
|---|
| Program Quality. Provide your opinion on the quality of the Doctoral Program that the academic will carry out and the Institution where it will be carried out. Be particularly rigorous on this point (through this Report you are endorsing the program). |
| Academic Quality. Provide your opinion about the Academic, their general performance, the quality of the work they do in the academic unit (in relation to their peers), and their projection of development and contribution to the institution in the medium-long term. Be particularly rigorous on this point (through this Report you are endorsing the academic). |
| Relevance of the Doctorate for the Academic Unit. Explain the relevance of the proposed doctorate for the development of the Faculty or Academic Unit. |

Name and signature Dean or corresponding Academic Authority



UNIVERSITY RECTOR AUTHORIZATION IN WHICH THE ACADEMIC PERFORMS

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Post:

Signature