**PRELIMINARY EXAMINATION OF THE DOCTORAL THESIS REPORT**

**DOCTORAL CANDIDATE:** Doctoral candidate Name and Surname

**THESIS TITLE:** Thesis title

**PhD PROGRAM:** PhD Program name

According to article 15 of the Regulation of Doctoral Studies in the University of Castilla-La Mancha (aproved by the Board of Governors in July 31st, 2018), the following expert ISSUES THE FOLLOWING REPORT ON THE THESIS CONTENT, as requested by the Coordinator of the PhD Program

Dr. Examiner Name and Surname , ID card/Passport number: Number

University or Institution University or Institution to which he/she belongs

*PUse as many sheets as necessary*

**1. Research framework of the thesis:**

**2. Scientific, technical or humanistic contributions:**

**3. The thesis fulfills the required quality standards:**

 Yes [ ]  No [ ]

Signed at Place , on Date

Signature: Examiner Name and Surname

**COORDINATOR OF THE PhD PROGRAM IN THE UNIVERSITY OF CASTILLA-LA MANCHA.**