APPLICATION FORM FOR ICUSTA DOCTARATE SCHOLARSHIP

YEAR 2025

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| **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**.** |

**1.- BACKGROUND OF THE APPLICANT**

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| Full name |  |
| Institution |  |
| Academic Unit (name) |  |
| City |  |
| Position in the Unit |  |
| Type of Day (half, full) |  |
| Hiring Year (month/year) (\*) |  |
| Current Hierarchy (year obtained) |  |
| Academic performance evaluation (last 3 years, must include each evaluation) |  |
| The applicant must attach to this application their **Curriculum Vitae updated to the year 2025** | |

(\*) Applicants must have been a full professor at the Institution for 2 years to be able to apply for the PhD Scholarship. Applications that do not comply with this will not be considered in the Contest.

**2.- BACKGROUND OF THE DOCTORAL PROGRAM**

It is desirable that at the time of applying, academics are already accepted in the doctoral program they wish to pursue and attach the Letter of Acceptance to it (or its equivalent).

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| Name of the Doctoral Program (include mention): | |
| University: | |
| Program Duration (years): | |
| Start date of studies (dd/mm/yyyy): | |
| Estimated completion date (dd/mm/yyyy): | |
| Partial dedication | Full dedication |
| 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. | |

**4.- SOURCES OF EXTERNAL FINANCING TO ICUSTA**

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

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| Type of Financing (Scholarship, Own Resources, etc.): |
| Institution that grants it: |
| Benefit Amount: |

**5.- RELEVANCE AND QUALITY OF THE DOCTORATE**

Next, indicate the relationship that the work you do has with the improvement to which you apply, along with indicating which line of research or development area of ​​the Faculty it applies to. Also, indicate the quality of the selected Program.

**NOTE: This item constitutes a key point in the evaluation of the application**

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| **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.** |

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**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.

**APPLICANT'S NAME:**

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| **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. |

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**Name and signature**

**Dean or corresponding Academic Authority**

**UNIVERSITY RECTOR AUTHORIZATION**

**IN WHICH THE ACADEMIC PERFORMS**

Name:

Post:

Signature