TÍTULO DEL PROYECTO:       ACRÓNIMO:

INVESTIGADOR PRINCIPAL:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APELLIDOS, NOMBRE** | **N.I.F.** | **CATEGORÍA ACADÉMICA** | **DEDICACION MENSUAL (dias/mes)** | **FIRMA** |
| **INVESTIGADORES DE LA ULE** |
|       |       |       |       |       |
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|       |       |       |       |       |
| **COLABORADORES (Personal externo a la ULE)** |
|       |       |       |       |       |
|       |       |       |       |       |
| **PERSONAL DE ADMINISTRACIÓN Y SERVICIOS** |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |

Los arriba firmantes declaran conocer su responsabilidad en la realización del trabajo objeto del presente Proyecto y aceptan participar en el mismo.

Fecha:
El Responsable del Proyecto,

Fdo.: