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|  | FEDERAL UNIVERSITY OF PELOTASPROVOST'S OFFICE OF RESEARCH AND POSTGRADUATE STUDIES**POSTGRADUATE DEPARTMENT** |  | 1 |

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| REGISTRATION FORM |

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| PROGRAM |  | SPECIFIC AREA |  | LEVEL |
|       |       |  |  [ ]  SPECIALIZATION [ ] MASTER'S DEGREE [ ] DOCTORATE |

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| **CANDIDATE IDENTIFICATION** |

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| FULL NAME:      |
| CPF:      | IDENTITY:      | ISSUING AUTHORITY:      | State:   | DATE OF ISSUE      |  |

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| DATE OF BIRTH: | NATIONALITY | PERMANENT VISA | SEX |  |
|       |       | [ ] YES [ ] NO | [ ] M [ ] F |  |

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| MILITARY DOCUMENT (SERIAL NO.)      | PASSPORT      | PHOTO |

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| VOTER TITLE      | ZONE      | MUNICIPALITY/STATE      |  |

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| RESIDENTIAL ADDRESS:      |  |

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| ZIP Code:      | CITY:      | State:   | COUNTRY      | DDD:   | TEL:      |

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| ACADEMIC TRAINING |

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| GRADUATION |

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| COURSE NAME:      | YEAR OF COMPLETION:     |

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| INSTITUTION:      |
| COUNTRY:      | CITY:      | State:   |

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| POSTGRADUATE STUDIES |

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| COURSE NAME:      | LEVEL:      | YEAR OF COMPLETION:     |

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| INSTITUTION:      |
| COUNTRY:      | CITY:      | UF   |

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| COURSE NAME:      | LEVEL:      | YEAR OF COMPLETION:     |

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| INSTITUTION:      |
| COUNTRY:      | CITY:      | UF   |

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| LANGUAGE KNOWLEDGE P – Little R – Reasonable B – Good |

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| LANGUAGE | HE SPEAKS | READ | HE WRITES | LANGUAGE | HE SPEAKS | READ | HE WRITES |
| ENGLISH |      |      |       |  |      |      |       |
| FRENCH |      |      |       |  |      |      |       |
| SPANISH |      |      |       |  |      |      |       |

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| PROFESSIONAL PERFORMANCE AND WORKPLACE |

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| Institution | Period | Type of activity (teaching, research, extension, promotion and private activity)Indicate chronologically, starting with the most recent, your last paid professional activities. |
| Since | Until |
|       |      |      |       |
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| SCHOLARSHIP |
| Do you have a scholarship? | [ ] Yes | [ ] No |
| Do you intend to apply for a scholarship for the Course? | [ ] Yes | [ ] No |

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| --- | --- | --- |
|  Do you maintain an employment relationship? | [ ] Yes | [ ] No |

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| Indicate the names of two people who can provide references for the candidate. These people must send a duly completed presentation form (confidential) directly to the Course Coordinator (attached). |
| Name:     Function:     Address:      |
| Name:     Function:     Address:      |

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| DOCUMENTS THAT MUST BE ATTACHED TO THIS FORM1) Copy of identity document and CPF;2) Copy of higher education or postgraduate diploma(s);3) Academic transcript of undergraduate or postgraduate studies;4) Documented *CV* ;5) Registration fee (proof of payment), in the amount established by each program.      |

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| ADDRESS FOR SENDING DOCUMENTATION |