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APPLICATION FORM

INITIATION TO SCIENTIFIC ACTIVITIES PROGRAMME

FULL NAME: _____

IDENTIFICATION DOCUMENT No: _____ NATIONALITY: _____

DATE OF BIRTH: _____ ADDRESS: _____

PHONE NO: _____ EMAIL: _____

RESIDENCE PERMIT No: _____ VALID UNTIL: _____

FUNDING: SELF-FUNDED GRANT/SCHOLARSHIP PLEASE SPECIFY: _____

UNIVERSITY OF ORIGIN: _____

FACULTY / DEPARTMENT: _____ MAJOR: _____

DEGREE LEVEL TO BE ACHIEVED: _____ DATE OF CONCLUSION: _____

STAY AT UFP :

DATE OF BEGINNING _____ EXPECTED DATE OF CONCLUSION _____

HOST UNIT AT UFP:

FACULTY OF HEALTH SCIENCES FACULTY OF HUMAN AND SOCIAL SCIENCES

FACULTY OF SCIENCE AND TECHNOLOGY PONTE DE LIMA UNIT

LAB / RESEARCH CENTRE: _____

PERSON AT UFP RESPONSIBLE FOR THE INTERNSHIP: _____

I AM AWARE OF AND ACCEPT THE TERMS OF APPLYING FOR THE UNIVERSITY FERNANDO PESSOA.

_____ (APPLICANT'S SIGNATURE)

DOCUMENTS REQUIRED FOR VALIDATING THE APPLICATION (TO BE FILLED IN BY THE SERVICES):

COPY OF AN IDENTIFICATION DOCUMENT (WHEN APPLICABLE, PROOF OF RESIDENCE PERMIT ACCORDING TO REGULATIONS BY THE FOREIGN NATIONALS SERVICE - SEF)

UP-TO-DATE CURRICULUM VITAE (EUROPASS MODEL)

TRANSCRIPTS OF RECORDS AUTHENTICATED BY THE OFFICIAL EDUCATION SERVICES OF THE COUNTRY OF ISSUE AND CERTIFIED BY THE PORTUGUESE CONSULAR AUTHORITIES OR BEARING THE HAGUE CONVENTION APOSTILLE

INVITATION LETTER FROM THE PERSON RESPONSIBLE AT UFP

WORK PLAN

ANNEX "A" OF UFP'S INTELLECTUAL PROPERTY REGULATION

PROOF OF REGISTRATION AT HOME UNIVERSITY

PROOF OF FINANCIAL SITUATION

_____ / _____ / _____ RECEIVED BY: _____