

NIDC			

APPLICATION FORM | ACADEMIC YEAR 20___/20___

POST-DOCTORATE PROGRAM

Full name:					
IdeasiC astion decree	Final identification des pu				
Identification doc. nr:	Fiscal identification doc. nr:				
Email:	Phone/mobile:				
Fiscal address:					
Zip code: City/place:	Country:				
Project title:					
Research line:					
Academic supervisor:					
Expected start date:					
Duration of the program:3 months 6 months 9 months	12 months				
I declare that I know and accept the conditions for application to University F	ernando Pessoa according to the Regulation in force				
(application submission date)	(applicant's signature)				
Documentation to be submitted for validation of the application (to be completed lidentification document Identification document Fiscal identification document Certificate or Diploma of the undergraduate or master degree (optional) Certificate or Diploma of the doctoral degree Research proposal Academic supervisor's acceptance form (UFP model) Curriculum vitae (Europass, Lattes or CiênciaVitae model) duly signed and dated	d by the Services):				
Recommendation letters (optional)					
¹ European Union citizen (European Union identification document) Non-EU citizen (passport or, if already residing in Portugal, the residence permit issued by the Portuguese Immigration and Borders Service - SEF) ² Documents from Portuguese institutions (original or photocopy certified by a notary, lawyer, post office or Portuguese parish council). Documents from foreign institutions (original or certified photocopy, with the					
	red to the Convention, the document must be authenticated by the official education services of that country and				
(application receipt date)	(officer signature)				
Rector's decision:					
(decision date)	(Rector signature)				

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