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ENROLLMENT FORM

ACADEMIC YEAR ____/____

Full name: _____		
Identification doc. nr: _____	Fiscal identification doc. nr: _____	
Email: _____	Phone/mobile: _____	
Fiscal address: _____		
Zip code: _____	City/place: _____	Country: _____

Emergency contact (phone number other than the student's): _____
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Type of degree: 1 st Cycle (<i>licenciatura</i>) <input type="checkbox"/>	Integrated Cycle <input type="checkbox"/>	2 nd Cycle (master) <input type="checkbox"/>	3 rd Cycle (PhD) <input type="checkbox"/>	CTESP <input type="checkbox"/>
Post-doctorate <input type="checkbox"/>	Post-graduation <input type="checkbox"/>	Other <input type="checkbox"/>		

Course: _____	Curricular year: _____
Field Specialty (when applicable): _____	

Class attendance regime (when applicable):	Daytime <input type="checkbox"/>	Post-labour <input type="checkbox"/>
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I declare that I know and accept the conditions for enrollment at UFP and that the information on this bulletin is true	
<small>The personal data requested in this form are intended solely for the enrollment process. Their processing, under the responsibility of UFP, will be carried out in strict compliance with current legislation on the protection of personal data and in accordance with the privacy policy of this institution, available for consultation at https://www.ufp.pt. The data will be stored electronically and in paper format, and may be used for statistical purposes and as a result of legal obligations to which UFP is subject, without any time limitation.</small>	
_____	_____
(date of registration submission)	(student signature)

Documentation to be submitted for registration validation (to be completed by the Services):	
<input type="checkbox"/>	1 Photograph (color, 3 x 4 cm)
<input type="checkbox"/>	Prerequisites (only applicable to undergraduate degrees and integrated cycles where prerequisites are required)
Additional documentation for foreign citizens:	
<input type="checkbox"/>	European Union Nationals – Passport or European Union identification document
<input type="checkbox"/>	Non-EU Nationals – Passport with student visa or residence permit issued by SEF
<input type="checkbox"/>	Portuguese language proficiency – Mandatory for enrollment in the following courses: Degree: Nutritional Sciences Integrated cycle: Pharmaceutical Sciences Dentistry Master: Clinical and Health Psychology Psychology of Justice: Victims of Violence and Crime
_____	_____
(registration receipt date)	(officer signature)

Observations: _____
