



Universidade Estadual do Norte Fluminense Darcy Ribeiro



Pró-Reitoria
de Pesquisa
e Pós-Graduação

ACADEMIC SECRETARY

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REGISTRATION FORM

REQUIRED DOCUMENTS

- The documents listed in item 2.2.2.1 of the PPGCN - Master's and Doctorate Notice must be submitted or forwarded.

ATTENTION!

All requested information is essential for the candidate's evaluation.

INTENDED COURSE	LEVEL
Natural Science	<input type="checkbox"/> MS <input type="checkbox"/> DS
ÁREA DE CONCENTRAÇÃO	
Natural Science	
LINE OF RESEARCH	
ADVISOR	VACANCY CODE

CANDIDATE IDENTIFICATION

FULL NAME				
SEX	COUNTRY OF RESIDENCE	PASSPORT NUMBER	ISSUED DATE	EXPIRATION DATE
<input type="checkbox"/> M <input type="checkbox"/> F			___/___/___	___/___/___
BIRTH DATE	NACIONALITY	PERMANENT VISA	E-MAIL	
___/___/___		<input type="checkbox"/> YES <input type="checkbox"/> NO		
FULL ADDRESS				
CITY	ST	COUNTRY	ZIP NUMBER	TELEPHONE NUMBER

ACADEMIC TRAINING/DEGREE

UNDERGRADUATE COURSE		CONCLUSION YEAR	
INSTITUTION/UNIVERSITY		CITY	ST COUNTRY
POSTGRADUATE COURSE		CONCLUSION YEAR	
INSTITUTION/UNIVERSITY		CITY	ST COUNTRY

FOR CANDIDATES WITH DISABILITIES (Federal Law No. 13.146/2015 - Brazilian Law on the Inclusion of People with Disabilities)

ARE YOU PERSON WITH DISABILITY?	TYPE OF DISABILITY	ANY SPECIAL NEED?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> VISUAL <input type="checkbox"/> PHYSICAL <input type="checkbox"/> HEARING <input type="checkbox"/> MENTAL <input type="checkbox"/> OTHER _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Which: _____ _____

Inform the program coordination about any special needs for participation in the selection process - item 2.2.13 of the notice

PROFESSIONAL ACTIVITY AND WORKPLACE (only activities with active employment relationship)*

INSTITUTION	PERIOD		DESCRIBE ACTIVITY
	SINCE	UNTIL	

* Teaching, research, extension, promotion and private activity. Identify, starting with the most recent, your last three paid activities if you have any

FONTE FINANCIADORA DE SEUS RECURSOS
<input type="checkbox"/> I have a scholarship to be awarded by: _____ . I will maintain an employment relationship during the course, receiving a salary.
<input type="checkbox"/> I will maintain an employment relationship during the course, without receiving a salary.
<input type="checkbox"/> I have a job, but I want to apply for a scholarship for the course. My last salary was R\$ _____.
<input type="checkbox"/> I do not have a job or scholarship and I would like to apply for a scholarship for the course.

EMPLOYER'S CONSENT (for candidates with employment relationship)

DATE (mm/dd/yyyy)	Position/function	SIGNATURE* (use image file with signature)
____/____/____		

* Signature of the Director or competent hierarchical superior or send a statement on the institution's letterhead, expressing the agreement with the candidate's absence to take the course, if selected, on a full-time basis in accordance with item 10.3 of the notice.

TITLE OF THE RESEARCH PROJECT (ONLY FOR DOCTORAL CANDIDATES)
Submit a Research Project Proposal to be prepared in accordance with the instructions in ANNEX 5 (Item 2.2.2.1 of the notice)

STATEMENT		
I DECLARE that this application contains complete and accurate information, that I accept the system and criteria adopted by the institution to evaluate it, as well as the rules established by the UENF Postgraduate Regulations and the course.		
LOCAL	DATE (mm/dd/yyyy)	SIGNATURE (use image file with signature)
	____/____/____	

TERM OF COMMITMENT		
I undertake to submit a certified copy of my Higher Education and/or Master's degree diplomas, or equivalent documents, by the deadline for initial enrollment in accordance with the UENF postgraduate academic calendar. I further declare that I am aware that failure to comply with the above will result in my enrollment not being completed and my subsequent elimination from the selection process.		
LOCAL	DATE (mm/dd/yyyy)	SIGNATURE (use image file with signature)
	____/____/____	