



Universidade Estadual do Norte Fluminense Darcy Ribeiro

## APPLICATION FOR REGISTRATION FEE EXEMPTION

### REQUIRED DOCUMENTS

- Requests related to financial insufficiency, sign the statement below
- Requests related to residency abroad that make the payment of the fee unfeasible (attach proof of residence)

### ATTENTION!

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

INTENDED COURSE	LEVEL
Natural Sciences	<input type="checkbox"/> MS <input type="checkbox"/> DS
CONCENTRATION AREA	Natural Sciences
LINE OF RESEARCH	
ADVISOR	VACANCY CODE

### CANDIDATE IDENTIFICATION

FULL NAME					
SEX	CPF - Brazilian Candidates only	IDENTIFICATION/Passport	ISSUING AUT	ST	EMISSION DATE
<input type="checkbox"/> M <input type="checkbox"/> F					___/___/___
DATE OF BIRTH	NACIONALITY	PERMANENT VISA	E-MAIL		
___/___/___		<input type="checkbox"/> YES <input type="checkbox"/> NO			
ADDRESS					
CITY	STATE	COUNTRY	ZIP CODE	PHONE NUMBER	

### REASON FOR REQUESTING REGISTRATION FEE EXEMPTION

<input type="checkbox"/> Financial Insufficiency	<input type="checkbox"/> Residency Abroad*
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\*Attach proof of residence

### DECLARATION OF RESIDENCY ABROAD

I **DECLARE** that I do not reside in Brazil according to the attached proof and that it is not feasible to pay the registration fee in accordance with ANNEX 1 of the notice by the banking system of the country where I reside. I also **DECLARE** that I am aware that the veracity of the information presented is my sole responsibility, and the Coordinating Committee of the PPGCN may, in case of fraud, omission, falsification, disreputable declaration, or any other type of irregularity, proceed to cancel the registration and, automatically eliminating the candidate from the selection process at any time if any irregularity is proven.

LOCAL	DATA	ASSINATURA
	___/___/___	

**DECLARATION OF FINANTIAL LOW SUFFICIENCY**

I **DECLARE**, for the purpose of requesting the exemption from payment of the registration fee, that I present a Financial Low Sufficiency condition and that I comply with the provisions of ANNEX 2 (ITEM 1.1-b and item 1.2 of the SELECTION NOTICE. I also **DECLARE** that I am aware that the veracity of the information presented is my sole responsibility, and the Coordinating Committee of the PPGCN may, in case of fraud, omission, falsification, disreputable declaration, or any other type of irregularity, proceed to cancel the registration and, automatically eliminating the candidate from the selection process at any time if any irregularity is proven.

LOCAL	DATE	SIGNATURE
	____ / ____ / ____	

**DECLARATION**

I **DECLARE** that this application contains complete and accurate information, that I accept the evaluation system and criteria adopted by the institution, as well as the rules established by the Postgraduate Regiment of UENF and of the course.

LOCAL	DATE	SIGNATURE
	____ / ____ / ____	

**FOR THE EXCLUSIVE USE OF THE PPGCN COORDINATING COMMITTEE**

<b>RESULT</b>	( <input type="checkbox"/> ) Deferred	( <input type="checkbox"/> ) Rejected
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<b>JUSTIFICATION</b>	
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LOCAL	DATE	SIGNATURE
	____ / ____ / ____	