



Universidade Estadual do Norte Fluminense Darcy Ribeiro

REQUEST TO PERFORM ON-SITE PHASES REMOTELY

REQUIRED DOCUMENTS

Documents that prove the issues related to health, difficulties in locomotion or distance from the UENF Campus that make it difficult or impossible to carry out one or more of the phases in person

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 AUTHORITY	STATE	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	

ON-SITE PHASES FOR WHICH YOU WISH TO REQUEST TO PERFORM REMOTELY

<input type="checkbox"/> General Knowledge Test	<input type="checkbox"/> Foreign Language (English)/Scientific Article Interpretation Test
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PRESENT THE REASONS FOR YOUR REQUEST (attach the documents and receipts according to the alleged reasons)

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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****RESULT** Deferred Rejected**JUSTIFICATION****LOCAL****DATE****SIGNATURE**_____/_____/_____
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