**SPECIAL STUDENT REQUEST FORM**

Master's  PhD

Semester / Year:       /

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| **PERSONAL DATA** | | | | | |
| Full name: | | | | | |
| Phone: | | | Mobile Phone: | | |
| E-mail: | | | | | |
| **Education** | | | | | |
| Highest degree:  Undergraduate  Graduate  Other (please specify): | | | | | |
| Program: | | | | | |
| Institution: | | | | | |
| City: | | Country: | | | Year of completion: |
| *Please attach copies of your: ID card; CPF (if available); undergraduate/master's degree or a declaration of completion of the program; transcript of records of the undergraduate/master's program.* | | | | | |
| **Please briefly describe your reason for taking this course in this Program:** | | | | | |
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| **I would like to request enrollment in the following courses/activities at the PPGCFL:** | | | | | |
| **Course/activity title** | | | | **Professor** | |
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| *Only 20% of the places are reserved for special students. Special students will be selected based on their curriculum and motivation. You will be notified whether you have been accepted into the course.* | | | | | |
| City: | Country: | | | Date (day/month/year): | |
| Signature | | | | | |