**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:** |
|       |
| **I would like to request enrollment in the following courses/activities at the PPGCFL:** |
| **Course/activity title** | **Professor** |
|       |       |
|       |       |
|       |       |
|       |       |
| *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 |