

DESPACHO

Aceite o pedido.

Não aceite o pedido.

O Presidente do Conselho Científico (*)

____/____/____

(*) Por delegação de competências do Conselho Científico Deliberação n.º 478/2018, publicada no DR, 2ª série, nº 73 de 13 de abril de 2018)

POSTDOC PROGRAMME IN EDUCATION

Application Form

Exmo. Senhor

Presidente do Conselho Científico do Instituto
de Educação da Universidade de Lisboa

Full name _____, Nationality _____,

Date of birth ____/____/____, Father's name _____

and Mother's name _____, Passport number _____,

Address _____, ZIP Code _____,

Telephone number _____, E-mail _____,

Academic degree _____, **requests an application for the PostDoc**

Programme in Education, concerning the *Regulamento de Estudos Pós-Graduados da Universidade de Lisboa*,

during the full period of _____ months, from _____ of 201__ until _____ of 201__,

under the supervision of the Professor _____ of the

Institute of Education of University of Lisbon.

Please read the information below and mark them as you are aware of:

The attendance of the PostDoc Programme in Education implies the fees' payment, according to the *Deliberação n.º 26/2011*, as I read in the site of the Institute of Education.

Any change of the information available in this form must be communicated to the Academic Services in person or, by e-mail: sacademicosie@ie.ulisboa.pt

I declare that I authorize my e-mail address for communications / notifications from the Institute of Education.

Institute of Education of University of Lisbon, in ____ of _____ of 201__.

(Signature)

Mandatory attachments:

- Photocopy of the ID/ Passport;
- Work Plan to be developed;
- Acceptance term of proposed Professor for supervision.

Recebido e conferido: _____

____/____/____

Instituto de Educação
Universidade de Lisboa
ENTRADA

Data ____/____/201__

Nº _____ Proc.º _____