

Number of years of the course: **2 years**

Beginning: **September 2020**

Scientific Committee: Professor Joaquim Luís Coimbra, Professor Isabel Menezes and Professor João Caramelo

APPLICATION FORM

Name: _____

Identification number/Passport number: _____

Address: _____

Postal Code: _____ - _____ Phone number.: _____ E-mail: _____

Academic qualifications: _____

Job: _____

Workplace: _____

Other information: _____

Date, 2020 - ____ - ____

Signature of Applicant

Attachments: Curriculum Vitae ____
Justification of the application ____
Certified copies of qualifications ____
Other ____