|  |
| --- |
| FEDERAL PUBLIC SERVICE |
| MINISTRY OF EDUCATION |
| ufuFEDERAL UNIVERSITY OF UBERLÂNDIA (minas gerais) |
| brasao_da_republica_ALTAVice Chancellor's Office of Research and Postgraduate Studies |
| Postgraduate Directorate |
|  |
| **ADMISSION FORM** |
|  |

|  |
| --- |
| The student, identified below, hereby requests their enrollment in the courses listed below, declaring their awareness of the Admission Rules. |
|  |
| **The Graduate program in International Relations** |
|  |
| **Level: X** Master's degree □ Doctoral degree □ Special Student |
|  |
| **Registration Number:** |
| **Name:** |
| **Address: nº Neighbourhood:** |
| **City:**  **STATE: ZIP CODE:** |
| **Email:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Code** | **C/Level** | **Subject** | **Code** | **C/Level** | **Subject** |
| PPGRI01 | M | International Relations theory | PPGRIOF 10 | M | Critical Studies in International Security |
| PPGRI02 | M | International Politics | PPGRI17 | M | Topics in International Political Economy |
| PPGRI08 | M | Topics in Foreign Policy and International Institutions |  |  |  |

|  |
| --- |
| **We certify that the following legible copies of documents have been supplied by the student:**  ( ) RNE (National Registry of Foreigners) and CPF – SSN ( ) Civil registry and Diplomas  ( ) Passport ( ) Residence Permit |

|  |  |
| --- | --- |
| **In these terms, and requests approval.**  \_\_\_\_\_\_\_\_**,** \_\_\_\_\_\_ **of the** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **of 2024**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of the Student** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of the Coordinator of the Course** |