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

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| **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  |  |  |  |

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| **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  |

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