**MEMBER OF QUALIFYING EXAMINATION**

**REGISTRATION FORM**

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| --- |
| **PERSONAL INFORMATION** |
| **Name:** |
| **Nationality:** |
| **Gender:** ( ) Female ( ) Male |
| **Passport Number:** |
| **CPF\*** *(in case you have it):*\*Brazilian Natural Persons Registry Number |
| **CONTACT INFORMATION** |
| **Email:** |
| **PROFESSIONAL INFORMATION** |
| **Home Institution:** |
| **PhD DETAILS** |
| **Graduation Year:** |
| **University/Institution:** |
| **Knowledge Field:** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_

*(date and place of signature)*

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Member of Qualifying Examination Personal Signature

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Dissertation/Thesis Mentor/Supervisor’s Signature

Assinatura do(a) Orientador(a) da Dissertação/Tese