**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