

**MINISTRY OF EDUCATION
FEDERAL UNIVERSITY OF PARAÍBA**

# REGISTRATION REQUIREMENT

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| **FILL IN LETTER FORM** |
| **SENHOR PROFESSOR CHEFE DE DEPARTAMENTO** |
| :Na Full Name: |
| Nationality: | Profession: | Civil status: |
| ID or Official identity document: | IRD number: | Voter ID N°: |
| N.º Reservist certificate: | Phones for contact with DDD: | E-mail: |
| Street address: |
| If this is done by attorney, fill in the fields below: |
| Full name of attorney: |
| Nationality: | IRD number of attorney: | Voter ID N° of attorney: |
| Street address of attorney:  |
| **Come before your landlady, in the terms of art. 10 of CONSEPE Resolution 24/2019, request registration in the Visiting Professor Simplified Selection Process referred to in Public Notice No. XX / 2019, as follows:** |
| Responsable Department:  | Knowledge area to which you wish to subscribe: |
| Is application fee exemption requested? ( ) Yes – No ( ) | Bearer of deficiency: ( ) Yes – No ( ) |
| **In this act, I confirm that I received the official calendar of the event and the names of the members that make up the Examination Board of the selection process.****Finally, I declare and certify that I fully and unconditionally accept the rules governing the selection process, notably those contained in Law No. 8,112 of 1990, Decree No. 6,944 / 2009, CONSEPE Resolutions 24/2019, No. 07/2017 74/2013 and Notice XX / 2019. It therefore requests approval.** |
| Place and Date | Signature of candidate or attorney |