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|  | **UNIVERSIDADE DO ESTADO DO RIO DE JANEIRO**  **PROGRAMA DE PÓS-GRADUAÇÃO EM ENG. MECÂNICA** |  |

**Application Form for the PPG-EM**

**Doctorate Level**

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| **Line of research chosen:** |  | | |
| **Candidate Full Name:** |  | | |
| **Date of Birth:** |  | **Nationality:** |  |
| **Email:** |  | | |
| **Phone number:** |  | | |

**Passport**

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| --- | --- | --- | --- |
| **Passport Number:** |  | **Issuing Country:** |  |
| **Date of Issue:** |  | **Date of Expiry:** |  |

**Address**

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| --- | --- | --- | --- |
| **Country:** |  | **State/Region:** |  |
| **City:** |  | **Zip code:** |  |
| **Address:** |  | | |

**Education**

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| --- | --- | --- | --- |
| **Undergraduate course:** |  | | |
| **University** |  | | |
| **Start Date:** |  | **End Date:** |  |
| **GPA - Grade Point Average (Normalized from 0 to 10):** | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Graduate course:** |  | | |
| **University** |  | | |
| **Start Date:** |  | **End Date:** |  |
| **GPA - Grade Point Average (Normalized from 0 to 10):** | |  | |

**Additional Information**

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| --- | --- | --- | --- |
| **How do you intend to pursue your studies?** | | ( ) Full-time ( ) Part-time | |
| **If full-time, do you intend to apply for a possible scholarship?** | | ( ) Yes ( ) No | |
| **If part-time, which company do you work for?** | |  | |
| **Job/Position:** |  | | |
| **City:** |  | **State:** |  |

**Summary of the research project for Doctoral applicants**

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| **Doctoral Advisor:** |  |

**(** ) I confirm that the advisor, mentioned above, agrees and is aware of my application and the doctoral research project.

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| --- | --- |
| **Candidate Full Name:** |  |
| **Date:** |  |
| **Signature:** |  |