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| **Master’s Degree Course Application Form** |
| |  |  |  |  | | --- | --- | --- | --- | | Identification | | | Photograph | | Name: | | | | Social Security Number: | CI/RG: | | | Address: | | | | Complement: | | Zip code: | | City: | State: | Country: | | Phone number: | e-mail: | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | School summary (including High School) | | | | | | Level | Institution | City/State/Country | Start | Finish | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Knowledge of languages(regular, good, excellent) | | | | | | Language | Reading | Speaking | Writing | Comprehension | |  | Selecione | Selecione | Selecione | Selecione | |  | Selecione | Selecione | Selecione | Selecione | |  | Selecione | Selecione | Selecione | Selecione |  |  |  | | --- | --- | | Your decisions in POSMEC | | | Area of concentration: Selecione | Sub-area: | | Dedication Regime: Selecione | Remarks: Clique aqui para digitar texto. | | How do you intend to be funded: Selecione | |  |  |  | | --- | --- | | People who will send reference letters | | | 1. Name: | Institution: | | e-mail: | Phone number: | |  |  | | 2. Name: | Institution: | | e-mail: | Phone number:: | |
| In order for your request to be evaluated, it will be necessary that the following documents are delivered to the office of the postgraduate program (POSMEC), or mailed through a postal agency, within the deadline. We will not  accept documents sent electronically nor delivered or mailed after the deadline.  Candidates for **Full Time** Regime (see details in Public Notice)   1. Filled out Application Form (this document); 2. Printed Registry Form in CAPG; 3. Document of up to two pages containing: (a) Plan of study indicating the desired area of concentration and, when possible, line of research; (b) Reasons that motivate you to enroll in a postgraduate course in the selected field and (c) Report of your academic and professional experiences, emphasizing the projects and researches in which you have participated; 4. Authenticated copy of Graduation Diploma (or conclusion declaration, with valid date); 5. Authenticated copy of educational history of graduation course; 6. Authenticated copy of the Social Security Number (or equivalent); 7. Authenticated copy of the Birth Certificate and/or Marriage Certificate; 8. “Resumé” of the candidate; 9. Two 3x4 cm photographs (if one is already attached to this form, only one more is needed); 10. Two reference letters, according to the indication provided on the first page (separate form).   Candidates for **Part Time** Regime (see details in Public Notice) must also present   1. History of postgraduate subjects (with syllabi and grades) already taken (see Public Notice); 2. One printed copy of the Master's Dissertation Project, in accordance with the resolution 02-POSMEC-2014; 3. Declaration of a POSMEC professor stating willingness to supervise the candidate; 4. Certificate of proficiency in English (see Public Notice).   **Foreign candidates** must still:   1. Present a certificate of proficiency in Portuguese. 2. Authenticate the diploma at the Brazilian Embassy or Consulate in your country of citizenship.  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | In the space below, submit a brief handwritten text that highlights your key qualities that should be considered by POSMEC to select you for participation in a postgraduate course:   |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  | | --- | | Adress for Correspondence | | Programa de Pós-Graduação em Engenharia Mecânica/UFSC  Centro Tecnológico - Caixa Postal 476 – Bairro Trindade  88040-900 – Florianópolis - SC - Brazil | |