



UFRJ
UNIVERSIDADE FEDERAL
DO RIO DE JANEIRO

PÓS-GRADUAÇÃO EM ASTRONOMIA
OBSERVATÓRIO DO VALONGO (CCMN/UFRJ)



Astronomia
Pós-Graduação
UFRJ

Application Form

Registration Number: _____
(do not fill this field)

MSc

PhD

Full name: _____

Parents' Names: _____

Date of Birth: ___/___/___ Nationality: _____

Place of Birth: _____ Marital Status: _____

Passport: _____ Country: _____ Date of issue: _____

Address: _____

Phone no: (____) _____ e-mail: _____

Intended Advisor: _____

Candidate Options

1. Are you opting for affirmative action vacancies?
2. Do you wish to have the committee consider the results obtained in the Unified Graduate Exam in Physics (EUF)?
3. Do you wish to request exemption from the foreign language test?
4. Do you wish to apply for scholarship?
5. Do you request the tests in another location?
(The candidate must nominate a teacher from another Higher Education Institution who is responsible for the application of the written test, according to the public note. This teacher should contact the Graduate Coordination of the Valongo Observatory.)

Yes	No	If "Yes", please consider carefully the required documentation.
		Fill out self-declaration and submit documents described in the official call.
		Include EUF results as part of your submitted materials.
		Proof of similar proficiency is required.
		-
		Inform full name and contact info (email, phone number) of teacher responsible:

Date and Place: _____ / ___/___

Signature: _____