



ACADEMIC YEAR: 1st 2nd 3rd 4th 5th

NAME OF DEGREE:

TO BE FILLED IN BY THE SERVICES

Student N^o _____

Date: ____ / ____ / ____

Employee: _____

ATTACH YOUR
 PHOTOGRAPH
 TO THE EMAIL

BRANCH/VARIANT: _____

PERSONAL INFORMATION

Full name: _____

Identification Document N^o./Passport: _____ Valid until ____ / ____ / ____

CURRICULAR UNITS IN WHICH THE STUDENT INTENDS TO REGISTER Preference: Day classes Night classes

CURRICULAR UNITS	DEGREE	YEAR	ECTS	Semester		Trimester		
				1 st	2 nd	1 st	2 nd	3 st

I take full responsibility for the truth of the statements made in this document. In case they may be untrue I am fully aware about the cancelation of this registration.
 The student declares that he/she is familiar with Treasury Academic Regulations and with the particulars of the Organic Unit in which he/she intends to register, undertaking to comply with the procedures set out therein. I do not authorize the disclosure of my personal information to third parties.

Lisbon, ____ de _____ 20 ____

