

ACADEMIC YEAR

20____/20____



UNIVERSIDADE
LUSÓFONA

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

NAME OF DEGREE: _____

BRANCH/VARIANT: _____

TO BE FILLED IN BY THE SERVICES

Student N° _____

Date: ____/____/____

Employee: _____

ATTACH YOUR
PHOTOGRAPH
TO THE EMAIL

PERSONAL INFORMATION

Full name: _____

Identification Document N°./Passport: _____ Valid until ____/____/____

Address (during classes) _____

Postal Code : ____ - ____ / _____ Town/City: _____

Mobile phone: _____ Telephone: _____ E-mail: _____

INFORMATION PERTAINING TO PREVIOUS ACADEMIC EDUCATION

Academic Education: _____

Country: _____

Institution: _____

Course/Degree: _____

Year of conclusion: _____ Final classification: _____

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, ____ of _____ 20 ____

The data gathered will be included in COFAC's computer files. The interested students can access the information about them and correct it if need be.

