

Registration Form - Students

2014

All the fields must be filled in.

To be filled in **CAPITAL LETTERS**

Training Courses (in priority order)

1st: _____

2nd: _____

3rd: _____

4th: _____

5th: _____

Student's Information

Student's Number: _____ Course: _____

Full Name: _____

Gender: Female: Male: Birth Date: ____ / ____ / ____

Birthplace: _____ Nationality _____

National Identity Card n.º / Passport: _____ Issued by: _____ Date: _____

Fiscal Identification Number (if applicable): _____

Address: _____

Zip Code: - _____

Qualifications: 1st Cycle Student 2nd Cycle Student 3rd Cycle Student

Other _____

Email: _____ Mobile: : _____

Interest In Other Training Courses

I'm interested to be contacted for the following training courses: _____

Preferred Timetable to attend the courses: _____

Obs: 80% of attendants is compulsory

*After filling in, send to:

IST- Estrutura de Formação Contínua – formação@tecnico.ulisboa.pt

Tel: 21 841 75 01 - 21 841 94 34

Av. Rovisco Pais, 1049-001 Lisboa