

**UNIVERSITY OF SAO PAULO  
FACULTY OF PHARMACEUTICAL SCIENCES  
Graduate, Research and Innovation Service**

**Application Form - Graduate studies (\*mandatory)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personal Details** | | | | |
| Full name\*: |  | | | |
| Gender\*: |  | | | |
| Birth Date\*: |  |  |  |  |
| Mother’s full name\*: |  | | | |
| Father’s full name: |  | | | |
| Marital status: |  | | | |
| E-mail address\*: |  | | | |
| **Place of Birth** | | | | |
| Country\*: |  | | | |
| City/Town\*: |  | | | |
| Nationality\*: |  | | | |
| **Passport data** | | | | |
| Passport number\*: |  | | | |
| Date of Issue\*: |  |  |  |  |
| Date of Expiry\*: |  |  |  |  |
| Country of Issue\*: |  | | | |
| Code: |  | | | |
| **Home Address** | | | | |
| Postal Code: |  | | | |
| Country: |  | | | |
| City/Town: |  | | | |
| Street/house number: |  | | | |
| Phone number: |  | | | |
| **Previous studies (undergraduate)** | | | | |
| Name of the university\*: |  | | | |
| University acronym: |  | | | |
| Name of the course\*: |  | | | |
| End date: |  | | | |
| Degree obtained and area: (bachelor, master, doct) |  | | | |
| **Academic Information (currently)** | | | | |
| Home University\*: |  | | | |
| Degree (Master or Doctoral): |  | | | |
| **Exchange Programme Coordinator** | | | | |
| Full Name\*: |  | | | |
|  |  | | | |