



Postgraduate Secretary
Declaration of Acceptance
Scientific Supervisor

Personal Identification

Full Name:

I.D./Passport*:

I.D./Passport issue date*:

of

of

I.D./Passport expiration date*:

of

of

Date of birth*:

of

of

Address:

Phone number:

Mobile Phone Number:

Email:

VAT Number:

Category (as a Professor):

Educational Institution:

*The number of the ID/Passport document and its expiration date and the date of birth of the Supervisor(s) are necessary for the correct National Register of Theses (RENATES).

Place of Work/Educational Institution

Address:

Phone Number:

Additional Information (optional):

Declaration

For all purposes it is declared that I accept to be the Scientific Supervisor of the Thesis in the Doutoramento in

Architecture

Urbanism

Design

of the Candidate:

With the Thesis Title:

Data: / /

x

The Scientific Supervisor