FACULDADE DE ARQUITETURA
LISBON SCHOOL OF ARCHITECTURE
UNIVERSIDADE DE LISBOA

Postgraduate Secretary

Suspension Request

To the Scientific Committee of the Doutoramento in: ☐ Architecture ☐ Urbanism ☐ Design

Personal Identification

Student Number:

Full Name:

I.D./Passport: I.D./Passport issue date: of of

I.D./Passport expiration date: of of

Adress:

Phone number: Mobile Phone Number:

Email:

I, identified above, hereby request to suspend the registration, beginning of of for the period of:

☐ 1 semester ☐ 1 year ☐ Another period: months (up to a maximum of 12 months)

Reason of Suspension:

☐ I am aware that, in the case of being a FCT Grant Holder, the favorable approval of this request implies FCT notification.

☐ I am aware that, in the case of having submitted a medical certificate, the favorable approval of this request implies the notification of the employer by Lisbon School of Architecture.

☐ I have attached supporting document(s) to the reason for the suspension.

Date: / /

x .....

The Student

To be completed by Academic Services

Tuition fee status in: / /

☐ Regularized ☐ Not Regularized ☐ Unpaid | Total €

Date: / /

x .....

The Collaborator

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Information from the Academic Services of the Lisbon School of Architecture /Order of the Scientific Commission of the Course

Data: ____ / ____ / ____

x .....

O(A) Orientador(a) Científico