

Postgraduation Office Change/Inclusion Scientific Supervisor

To the Scientific Committee of the Doutoramento	in: Architecture	Urbanism	Design		
Personal Identification Student Number: Full Name:					
I.D./Passport:	ID/Pa	assport issue date:	of	of	
I.D./Passport expiration date: of	of	isoport issue date.	OI	OI	
Adress:	Oi				
Phone number:	Mohile	Phone Number:			
Email:					
I, as identified above, hereby request: Change of the Scientific Supervisor	Inclusion of the Sci	ientific Supervisor			
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Motive of change/inclusion:					
Opinion of the Current Scientific Superv Opinion of agreement of the Scientific S FA-MOD-050 completed and signed by	risor's conforming that Supervisor who remain the new Scientific Su	t is aware of diseng as in the Orientation pervisor.			
Opinion of agreement of the current Sci		-	a second Supe	unvisor)	
FA-MOD-050 completed and signed by			a second Supe	rivisui).	
Date: / /	х		The Student		
To be completed by Academic Services					
Tuition fee status in: / Regularized Not Regularized	/ d Unpaid To	tal €			
Date: / /	<u>x</u>		The Collabora	ator	



Postgraduate Secretary Change/Inclusion Scientific Supervisor

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

Date:	1	1	<u>x</u>	 	