



APPLICATION FORM - MASTERS

Instructions:

After completed send together with all the remaining documents, to admissions@porto.ucp.pt
 For further information please contact tel.: +351 226 196 206

Please indicate which of the following Master's you are applying for and specify the order of preference (1 to 3).

- Auditing and Taxation Double Degree*
- Business Economics Double Degree*
- Finance Double Degree*
- Management Double Degree*
- Human Resource Management
- Marketing

*fill X if option.
 For the Double Degree, documents must be in English.

If you chose the MSc in Management indicate the specialization areas of your preference (1 to 4)*

- Management
- Business Analytics
- Management Control
- Service Management

*This choice is only used for information purposes. There are no guarantees that all areas will be offered to students. This decision is conditional to a minimum number of applicants.

NAME

FORMER UCP STUDENT YES STUDENT Nº NO

UNDERGRADUATE DEGREE

(YEAR/MONTH/DAY)

AVERAGE GRADE

TEACHING INSTITUTION

If the first degree is yet to be concluded please state your current average

PERSONAL INFORMATION

NAME NATIONALITY

ADDRESS

ZIP CODE - CITY COUNTRY

TELEPHONE MOBILE PHONE E-MAIL

SKYPE DATE OF BIRTH CITY GENDER M F

I.D./ NR. OU PASSPORT NR. EXPIRATION DATE

IF EMPLOYED

EMPLOYER

ADDRESS CITY

TELEPHONE MOBILE PHONE E-MAIL

BRIEFLY DESCRIBE YOUR MAIN FUNCTION LENGTH OF STAY (YEARS)

The data collected in this form will be processed and stored in digital format. The information provided is confidential and will be used exclusively for administrative purposes available at: http://www.porto.ucp.pt/sites/default/files/files/GSA/InfoProtecaoDados_Candidaturas_EN.pdf .

I declare that I have read and agree to the terms and conditions for confidentiality in processing personal data.

SIGNATURE

DATE

REFERENCES (with respect to the reference letters)

| | | |
|----------------------|----------------------|----------------------|
| NAME | | |
| <input type="text"/> | | |
| FUNCTION/POSITION | | |
| <input type="text"/> | | |
| COMPANY/ORGANIZATION | | |
| <input type="text"/> | | |
| COMPLETE ADDRESS | | |
| <input type="text"/> | | |
| TELEPHONE | FAX | E-MAIL |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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|----------------------|----------------------|----------------------|
| NAME | | |
| <input type="text"/> | | |
| FUNCTION/POSITION | | |
| <input type="text"/> | | |
| COMPANY/ORGANIZATION | | |
| <input type="text"/> | | |
| COMPLETE ADDRESS | | |
| <input type="text"/> | | |
| TELEPHONE | FAX | E-MAIL |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

(UCP reserves the right to contact the listed references for additional information on the applicant)

To be completed by academic services

| | | |
|--|----------------------|----------------------|
| Candidato nº | Inserido por: | Data |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Certificado de Habilitações | Observações: | |
| <input type="checkbox"/> Ficha Curricular | <input type="text"/> | |
| <input type="checkbox"/> Curriculum Vitae | | |
| <input type="checkbox"/> Cartas de Referência | | |
| <input type="checkbox"/> Documento de Identificação | | |
| <input type="checkbox"/> Fotografia | | |
| <input type="checkbox"/> Diploma Inglês | | |
| <input type="checkbox"/> Válido | | |
| <input type="checkbox"/> Não válido | | |
| | Data | O responsável |
| | <input type="text"/> | <input type="text"/> |