

[Academic Division - Mobility Services]

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Academic Year 202_ | 202_

Internal registration

Academic Services: _____

				2	0		
D	D	M	M	Y	Y	Y	Y

ENROLLMENT AUTHORIZATION FOR ERASMUS AND STUDENTS IN MOBILITY PROGRAMS

Full Name _____

Internal number

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Attended Student Mobility Program

ERASMUS +

Protocol

Almeida Garrett

Other

E-Mail

_____ @ _____

Mobile Phone

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First Given Name

[Course unit/subject to which enrollment is requested]

Subject/Course Unit Name (in Portuguese)	Course ⁽¹⁾	ECTS	Class ⁽²⁾

[Note] ¹> Please indicate the Course (Licenciatura/Mestrado) to which the subject belongs. This information can be obtained in the information area for incoming Erasmus students in the Faculty's website. ²> If the subject has more than one class available, please indicate the class you wish to enroll in. This information can be obtained in the subjects' timetables.

After you fill in this form, it must be presented to the Professor in charge of the requested subject, in order to obtain his approval for the enrollment. After the authorization, you must present this form in the Academic Services, duly completed, until the end of the second week of classes, in order to perform your definitive on-line enrollment.

[Professor enrollment authorization]

Name of Professor: _____

Authorize the student's enrollment in this subject

Do not authorize the student's enrollment in this subject

Professor's signature: _____

				2	0		
D	D	M	M	Y	Y	Y	Y

Surname

[Nota dos Serviços Académicos] No sentido de permitir uma adequada integração curricular dos estudantes que frequentam programas de mobilidade estudantil (v.g. Programa Erasmus) bem como a evitar eventuais sobrelotações nas turmas, as inscrições dos mesmos estão sujeitas a autorização por parte do docente respectivo. Neste sentido, solicitamos que avalie o presente pedido de inscrição, indicando o seu parecer final neste espaço.