

# Registration Form - Students

## 2013

All the fields must be filled in.

To be filled in **CAPITAL LETTERS**

### Training Courses (in priority order)

1<sup>st</sup>: \_\_\_\_\_

2<sup>nd</sup>: \_\_\_\_\_

3<sup>rd</sup>: \_\_\_\_\_

4<sup>th</sup>: \_\_\_\_\_

5<sup>th</sup>: \_\_\_\_\_

### Student's Information

Student's Number: \_\_\_\_\_ Course: \_\_\_\_\_

Full Name: \_\_\_\_\_

Gender: Female:  Male:  Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Birthplace: \_\_\_\_\_ Nationality \_\_\_\_\_

National Identity Card n.º / Passport: \_\_\_\_\_ Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

Fiscal Identification Number (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code:  -  \_\_\_\_\_

Qualifications: 1<sup>st</sup> Cycle Student  Degree  2<sup>nd</sup> Cycle Student  Master Degree

Other \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_ : \_\_\_\_\_

### Interest In Other Training Courses

I'm interested to be contacted for the following training courses: \_\_\_\_\_

Preferred Timetable to attend the courses: \_\_\_\_\_

\*After filling in, send to:

Email: [da@ist.utl.pt](mailto:da@ist.utl.pt) - Tel: 21 841 75 01/21 841 94 03 – Fax: 21 841 78 94  
IST- Direção Académica, Av. Rovisco Pais, 1049-001 Lisboa (<http://da.ist.utl.pt/>)