



### APPLICATION FORM - MASTERS

**Instructions:**

After completed send together with all the remaining documents, to [admissions@porto.ucp.pt](mailto: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\*
- Social Economics   Double Degree\*
- Finance   Double Degree\*
- Management   Double Degree\*
- Human Resource Management   Double Degree\*
- Marketing   Double Degree\*

\*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](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

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## 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"/>

NAME		
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<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"/>