QUALIFICATION EXAM REQUEST FORM

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| **Course:** |  |

### We submit to You the 04 copies or the CD (according to the rules which it is registered) and the list of suggested names of the Examining Committee, for the necessary procedures to carry out the Qualification Exam of the student:

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| Work presented involves Human Beings | **(**     **) YES (**     **) NO**  |
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| Work presented involves Animals | **(**     **) YES (**     **) NO**  |
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|  | \* We submit attached a copy of the document certifying approval by the  corresponding Research Ethics Committee. |
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**Please consult the Specific Rules of the Graduate Programs of FCFRP-USP**

**(**[**www.fcfrp.usp.br**](http://www.fcfrp.usp.br)**)**

**Note:** The Qualification Exam should be scheduled by the student and the supervisor after approval by the Board of Examiners at the Program Coordinating Committee (CCP).

LIST, on the next page, in alphabetical order, in a single copy, the data of the members suggested to compose the Board of Examiners. Ten (10) names shall be suggested and the presence of members outside the Unit is not mandatory. The Supervisor and the co-supervisor (when available) will not be part of the Board.

A brief description of the line of research (maximum 3 lines) of the suggested members shall be made, so that the CCP can indicate the researchers most related to the research area. The CCP can also indicate other names that meet this requirement.

SUGGESTION OF COMPONENTS FOR THE BOARD OF EXAMINERS

QUALIFICATION EXAM

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| Name of the supervisor(a): |  |
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| Signature: |  |