**CANDIDATE DECLARATION AND CONSENT WITH REMOTE SELECTION PROCESS**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Passport \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare that I am aware of and agree to carry out the entire selection process for admission to the Graduate Program in Pharmaceutical Sciences, remotely (online), as stated in PPG-CF Notice 05/2023 and that for Upon registration, all documents must be scanned in a legible way, sent to the e-mail of the Program secretariat (ppg.cfrp@usp.br) in a single PDF file and deliver a simple copy of all documentation sent by e-mail at the program secretariat.

I also declare that I am aware of and agree to the recording of the entire selection process.

I hereby sign and attest to the terms of this document.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place and date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name and signature