



Universidade do Minho  
Serviço de Gestão Académica

<b>ENROLMENT FORM</b>  POST-GRADUATION COURSE Academic Year ____/____	Registration: _____ Received on: ____/____/____ By: _____
<b>Course:</b> _____	
Number: _____ Curricular year: ____° Type of enrolment: 1 <sup>st</sup> time <input type="checkbox"/> Renewal <input type="checkbox"/> Re-enrolment <input type="checkbox"/>	
Full name: _____	
Identification document no.: _____ Expiration: ____/____/____	
Type: Identity Card <input type="checkbox"/> Citizen's Card <input type="checkbox"/> Passport <input type="checkbox"/> Residence Permit <input type="checkbox"/>	
Date of Birth: ____/____/____ Nationality (country): _____	
Tax Identification no.: _____ Tetanus Vaccine (expiration): ____/____/____	
Filiation	
Father: _____	
Mother: _____	
Place of Birth	
Parish: _____ Municipality: _____	
Borough: _____ Country: _____	
Permanent address	
Street: _____	
Locality: _____ Postcode: _____ - _____	
Municipality: _____ Borough: _____	
Address during school time <i>(fill in only if it is different from the permanent address)</i>	
Street: _____	
Locality: _____ Postcode: _____ - _____	
Municipality: _____ Borough: _____	
Tax residency address <i>(fill in only if it is different from the permanent address)</i>	
Street: _____	
Locality: _____ Postcode: _____ - _____	
Municipality: _____ Borough: _____	

PTO

