

UNIVERSITY EXCHANGE

CANDIDATE ADMISSION

NAME: _____ CELL PHONE: _____

PLACE OF BIRTH: _____

DATE OF BIRTH: ____ / ____ / _____ FISCAL OR PASSPORT NUMBER: _____

ADDRESS: _____

POSTCODE: _____

PHONE NUMBER ____ _____ EMAIL: _____

EMERGENCY CONTACT:

NAME: _____ PHONE NUMBER _____

FATHER'S NAME: _____

PROFESSION: _____ PHONE NUMBER ____ _____

MOTHER'S NAME: _____

PROFESSION: _____ PHONE NUMBER ____ _____

ENROLMENT:

IN THE FACULTY OF _____ OF THE CATHOLIC UNIVERSITY OF PORTUGAL,
UNDERGRADUATE PROGRAMME OF _____ YEAR OF THE COURSE

PREVIOUS

IN 20__ / __ STUDIED IN ____ YEAR AT _____ UNIVERSITY, IN
THE FACULTY OF _____ IN _____ (CITY/TOWN)

SCHOOL GROUPS AND/OR EXTRA-CURRICULAR ACTIVITIES PARTICIPATED IN:

OBSERVATIONS:

DATE: ____ / ____ / _____

SIGNATURE: _____

Places in the Student Resident each year will be allocated according to the date of arrival of applications, so it is recommended that applications be sent to us well in advance.