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|  | **FEDERAL UNIVERSITY OF SÃO CARLOS**  **BIOLOGICAL AND HEALTH SCIENCES CENTER**  **Postgraduate Program in Physical Therapy - PPGFT**  **Concentration Area: Physical Therapy and Functional Performance**  Washington Luís, Highway, Km 235 - CEP. 13.565-905 - SÃO CARLOS - SP  Phone: (16) 3351-8448. *E-mail*: ppgft@ufscar.br |

São Carlos, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_.

***REQUEST FOR INTERNAL CREDIT RECOGNITION***

***(From other PPG of UFSCar)***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby request the Postgraduate Program in the Physical Therapy Committee to recognize the credits I completed in the \_\_\_\_\_\_\_\_\_\_\_\_\_ (Master’s/Doctorate) of the Postgraduate Program in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the Federal University of São Carlos (UFSCar) for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Master’s/Doctorate) of the PPGFT, where I am a regular student.

The copies of the course syllabi are attached.

Below are the names of the courses for which I am requesting recognition, including the year of completion, attendance, number of credits, and the grade obtained, respectively.

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| **Course name** | **Year of completion** | **Attendance** | **Credits** | **Grade** |
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Student’s signature

*(Only electronic signatures validated by the Federal Government ITI service*)

I hereby declare to the PPGFT Committee that I am aware of the request made by my advisee.

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

Advisor’s name

*(Only electronic signatures validated by the Federal Government ITI service)*