**FEDERAL UNIVERSITY OF SÃO CARLOS**

**BIOLOGICAL AND HEALTH SCIENCES CENTER**

**POSTGRADUATE PROGRAM IN PHYSICAL THERAPY**

Line of Research: 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

**FORM TO REQUEST EXEMPTION FROM THE COURSE ENTITLED ‘TEACHER TRAINING IN PHYSICAL THERAPY’**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby request the Postgraduate Committee of the Postgraduate Program in Physical Therapy (CPG-PPGFT) to exempt me from the course(s) entitled “Teacher Training in Physical Therapy” ( ) 1, ( ) 2, and/or ( ) 3, as outlined in Article 5 of Administrative Act Nº 4 of the Postgraduate Program in Physical Therapy. Please find attached the documentation verifying my teaching experience at a Higher Education Institution (HEI).

I acknowledge that by requesting the exemption, **I will not be entitled to the credits** for the “Teacher Training in Physical Therapy”course(s).

São Carlos, \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

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Advisor’s signature

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

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Student’s signature

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