**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

**(01) FORM FOR REQUESTING A CO-ADVISOR**

|  |  |
| --- | --- |
| Advisor |  |
| Student |  |
| Academic level | ( ) Master’s ( ) Doctorate |
| Title of Dissertation/Thesis Project |  |
| Student’s Enrollment Date |  |
| Student’s Expected Defense Date |  |
| Proposed co-advisor |  |
| Lattes Curriculum Link of the Proposed Co-Advisor |  |
| Select the circumstance that best characterizes your request for Co-Advisor | I. ( ) The interdisciplinary nature of the Dissertation or Thesis requires partial guidance from a specialist in themes, methods, and/or instruments different from those within the advisor’s expertise;  II. ( ) The prolonged absence of the advisor requires substitution by a faculty member and/or researcher with equivalent qualifications to carry out the project supervision for the Dissertation or Thesis;  III. ( ) The Dissertation or Thesis project takes place at another institution, involving more than one advisor;  IV. ( ) Co-tutelle or International Cooperation Agreement. |
| According to the item selected above, justify the request for having a Co-Advisor to develop your Dissertation or Thesis project (10 lines maximum). |  |

Advisor’s signature Co-advisor’s signature  
(*Only electronic signatures validated by the Federal Government ITI service*)

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

Student’s signature

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

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**(02) TERM OF COMMITMENT FOR CO-SUPERVISION**

In accordance with Article 25 of the General Regulations of the Postgraduate Programs at UFSCar (04/01/2021):

Art. 25. The holder of a Doctoral degree, who actively participates in supervising a student, may, at the request of the advisor, be authorized by the Postgraduate Program Committee (CPG) to serve as a co-advisor for a Final Paper, Thesis, or Dissertation, under the following circumstances:

I. The interdisciplinary nature of the Final Paper, Thesis, or Dissertation requires partial supervision by an expert in topics, methods, or instruments different from those of the main advisor’s expertise.

II. The prolonged absence of the advisor requires substitution by a faculty member with equivalent qualifications to supervise the Final Paper, Thesis, or Dissertation project.

III. The Final Paper, Thesis, or Dissertation is conducted at another institution, with more than one responsible party for supervision.

IV. Provision in co-tutelle agreements or international cooperation agreements.

§1. Authorization to have a co-advisor must be requested by the advisor from the CPG, accompanied by a work plan, in which both the advisor and the proposed co-advisor should specify their respective roles in guiding the research.

§2. Co-supervision will only be formalized after the advisor and the designated co-advisor sign the Co-supervision Agreement before the Postgraduate Program Coordination (CPG), the contents of which will be defined by the ProPG.

§3. The CPG may recognize the designation of a faculty member not accredited to the Program as a co-advisor.

In accordance with the above terms, the researcher, whose details are provided below, commits to being the co-advisor of the student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in their ( ) Dissertation ( ) Thesis, which is under the supervision of Professor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Name of co-advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work plan describing the responsibilities the co-advisor will have in the student’s Dissertation/Thesis:

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

**\*Information requested by the ProPGWeb system (UFSCar) and the Sucupira platform (CAPES) for registering the co-advisor**:

*Date of birth:*

*Email:*

*Research institution (or company):*

*City and state of birth:*

*Highest degree:*

*( ) Master’s ( ) Doctorate ( ) Post-Doctorate ( ) Tenured professorship*

*ORCID (if available):*

***For Brazilians:***

*CPF:*

***For foreigners****:*

*Passport number:*

*Passport expiration date:*

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

Co-advisor’s signature

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