

**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. *Email*: ppgft@ufscar.br**

**FORM TO REQUEST DIRECT TRANSFER FROM MASTER´S TO DOCTORATE**

**(TRANSFER WITHOUT DEFENSE)**

**1. General Information**

**Complete name:**

**Advisor:**

**Co-advisor (if applicable):**

**Title of Research Project for Qualification:**

**Master’s enrollment date:**

**2. Undergraduate information**

**University:**

**Year of entry:**

**Year of completion:**

*[Attach proof of any scholarships granted during Scientific Initiation]*

**3. Academic transcript**

*[Attach the full (unedited) academic transcript from the Undergraduate and Master’s programs.]*

**4. Articles**

List of published, accepted, and submitted articles.  
*Note: Attach proof of publication and the journals' JCR (Journal Citation Reports) rankings.*

**5. Summary of the Proposed Research Project for the Doctoral Program** *[Write a brief summary of the proposed project]*

**6. Research Project Timeline for Direct Doctorate Program**

*[Include a table with the Project activity schedule]*

**7. Justification for the Direct Doctorate request**

*[Write the justification for the request]*

São Carlos, \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ 202\_\_\_

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Advisor’s signature

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

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Co-advisor’s signature *[if applicable]*

*(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)*