**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

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

***REQUEST FOR INTERNAL CREDIT RECOGNITION***

***(From Master’s to Doctorate in the PPGFT)***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby request the Postgraduate Program in Physical Therapy (PPGFT) Committee to recognize the credits I completed during the Master’s program for the Doctorate program.

I also request the recognition of the English language proficiency exam taken on:

 \_\_ / \_\_ / \_\_\_\_\_ during the PPGFT Master’s program.

A copy of my Master’s academic transcript is attached.

Below are the names of the courses I request recognition for, as well as the year of completion, attendance, number of credits, and the grade obtained, respectively.

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| --- | --- | --- | --- | --- |
| **Name of course**  | **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*)