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**Application**

**Admission to PhD in Pharmacy**

President of the Scientific Council

Faculty of Pharmacy, University of Lisbon

I, **(name)**, Passport no.. **(number)**,valid until **(date)**, living at **(complete address)**, phone number **(phone number)**, and email **(email)**, holder of the degree of **(academic degree)** in **(course)** awarded by **(University name)**, request acceptance of this application for the PhD in the main scientific area of Pharmacy, specialty in **(specialty)**.

The thesis title proposed is **(thesis title)** and I will be supervised by Professor **(name and affiliation)** and co-supervised by Professor **(name and affiliation).** The PhD will be held in (**host institutions)**.

FCT Fellowship Reference and start data (if applicable):

Lisbon, **(date)**

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(Signature)