STATEMENT OF HONOUR

CONFIRMATION OF DEGREE COMPLETION

I, **(Name),** of **(specify nationality)** nationality, holder of **(identification document, e.g., citizen card)** no. **(document number),** applicant for the Master's degree in **(name of the master program)** at the Faculty of Pharmacy of the Universidade de Lisboa for the academic year XXXX-XXXX, declare, under oath, that I am in the final stage of completing the study cycle XXX **(e.g., Bachelor's degree in Nutrition Sciences)** at **(name of the University)** and that I am expected to complete the program by **(month)** of **(year).**

I understand that, in the event of admission to the program, enrollment is conditional upon the mandatory submission, by **November 30 of the current year**, of the duly authenticated document proving the attainment of the academic degree. If the certificate confirming the completion of the study cycle is not submitted by the deadline, the right to enrollment and registration may be revoked.

(Date and place)

(Signature as per identification document)