



Universidade do Minho
Serviço de Gestão Académica

FORM/REQUEST PART-TIME STUDENT REGIME (Order RT-03/2020 of 03 January, Article 30)	Received on: ____/____/____ By: _____
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Full name: _____ Degree: _____ Student Number: _____

Request for the application of the part-time student regime for the following course units, which amount to a total of ____ ECTS:	
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Reason for the request:	

I hereby acknowledge the conditions described in Article 30 of the Order RT-03/2020 of 03 January, which approves the Academic Regulation.
University of Minho, _____
Signature: _____

Note: A notification will be sent via Electronic Desk in the Academic Portal upon a decision on this request.