



University of Brasília
Department of Research and Graduate
Program

ACCREDITATION OF GRADUATE PROGRAM SUPERVISOR

1) Graduate Program in _____

Accreditation level: Master's Doctorate Both

Name of the student to be supervised (in case of specific supervision): _____

2) Supervisor's identification

Name: CPF (Social Security): _____

Email: _____

- If associated with the UnB

UnB registration: _____

() Professor at the UnB faculty

() Associated researcher

() Researcher of Affiliated Institution – Name of Institution*:

* Institution affiliated to the UnB with Academic Cooperation Agreement

- If not associated with the UnB

Institution: _____

Unity: _____

Address: _____

City: Zip Code: _____

Telephone: _____

FAX: _____

3) In case of accreditation to other programs

Institution	Program	M	D

*M – Master's *D - Doctorate

Brasília _____, _____, 20____

Signature

Observations:

- It is mandatory the approval by the Graduate Program Commission based on detailed issued opinion.
- It is mandatory to attach the complete and updated version of the Curriculum *Lattes*.
- Supervisors who belong to the UnB faculty or research board of affiliated institutions under Academic Cooperation Agreement can be accredited for five years.
- Researchers associated with the UnB and professors at the UnB faculty will be treated equally regarding their accreditation as supervisors – an attribute conditioned to the maintenance of the bond to the University.
- In cases of exclusion of the sub-items c and d, the CPP can approve specific accreditation to the student.

