Color ID Card Photography (recent)

(Compulsory)

UNIVERSIDADE DOS AÇORES

BIBLIOTECA ARQUIVO E MUSEU

READER APPLICATION FORM

Reader Number: _____

* **Registration Date** ____/____/____
dd mm yyyy

PERSONAL DATA * Required Fields Write Data on the Computer

Surname*: _____ /Name*: _____

Group*: _____

User Type	Group	Docs.	Days	Ren.
Student Registered for a Licentiate Degree (UAc) / Senior Student (UAc)	A	4	6	2
Student Registered for a Licentiate Degree (Mobility Programs)	**AM**	**4**	**6**	**2**
Student Registered for a postgraduate, master or doctoral degree (UAc)	M	10	12	2
Student Registered for a postgraduate, master or doctoral degree (Mobility Programs)	**MM**	**10**	**12**	**2**
Teacher or Researcher (UAc)	D	25	26	2
External Reader	EX	2	5	1

STUDENT (A, AM, M, MM)

Student Number*: _____ (Attributed by Academic Services) Literary Qualification*: _____

Course*: _____ Department or School*: _____

Department Coordinator*: _____ Initial Date*: ___/___/_____ End Date*: ___/___/_____
dd mm yyyy dd mm yyyy

NATIONALITY (Country): _____ **Home University***: _____

MAIN ADDRESS (in São Miguel)

Home Address*: _____ , Nº*_____ Parish: _____

Post Cod: _____/___ Phone Number: _____ Cellular Phone*:_____ Email*: _____

NEW ADDRESS (Required if you change your address)

Home Address: _____, Nº_____ Parish: _____

Post Cod: _____/___ Phone Number: _____Cellular Phone: _____Email: _____

IDENTITY PROOF (Identity Card or Passport) / Matriculation Proof – ATTACH a COPY (Compulsory)

Applicant Signature*

_____

Employee Signature*

_____