



Master's degree equivalence request form

H.E, **Prof. Dr. Marco Antonio Zago**,
Rector of University of São Paulo

I, (full name),
..... (nationality), ID card no., living
in (city and state), address
.....
no., (district), ZIP code
phone no., e-mail
respectfully request the recognition of the equivalence of my
(MS/Ph.D.) degree in
(subject) awarded by
(institution) located in (country) with a (MS/Ph.D.)
degree awarded by USP.

São Paulo,/...../..... (DD/MM/YYYY)

Student's Signature