

## RIO DE JANEIRO STATE UNIVERSITY BIOMEDICAL CENTER – SCHOOL OF MEDICAL SCIENCES DEPARTMENT OF GENERAL SURGERY GRADUATE COURSES IN PHYSIOPATHOLOGY AND SURGICAL SCIENCES

I,		_, supervisor	
of the graduate student	,	of	this
program, forward the final version of the Dissertation/Thesis named			

and proof of the work having been submitted (or accepted for publication or published) in a journal at least indexed in PubMED, as required in the Program Regulation. I would like to take the opportunity to also suggest professors to compose the said Examining Committee, for the appraisal of the PG-FISIOCIRURGIA Graduate Commission. I am aware that oral examinations should be made preferably at Wednesdays and,

respecting the minimum period of 30 days in advance, I suggest the date \_\_\_\_\_

\_\_\_, 20, at\_a.m./p.m., for the oral examination.

Rio de Janeiro, \_\_\_\_\_ 20\_\_\_\_.

Supervisor

Student

## In response to the request, I issue the following opinion:

- 1. Examining Committee: [ ] Approved, [ ] Rejected
- 2. Date of the Oral Examination: [ ] Approved, [ ] Rejected<sup>1</sup>
- 3. Forward for the prior Appraiser:

On\_\_\_\_, 20\_\_\_.

Luciano A. Favorito

General Coordinator

<sup>1</sup> Suggestion on the back.



I suggest the following professors to compose the Examining Committee for this work.

I also forward the documents of the Members of the Committee (copy of ID card, CPF and Doctorate Diploma or legal equivalent)

## Masters Examining Committee:

- Full Members: At least one external member
- Deputy Member: 1 from UERJ and 1 external

## **Doctorate Examining Committee:**

- Full Members: At least 3 external members
- Deputy Member: 1 from UERJ and 2 external.

Full Members	Origin	Degree, Higher Education	
	(UERJ or external)	Institution, year	
Deputy Members			

Without further ado. Sincerely,

Supervisor