



APPLICATION FORM FOR FOREIGN STUDENTS Academic Year 2016/2017

SENDING INSTITUTION

Country: Portugal
Name: Universidade do Porto - Faculdade de Engenharia
School: Faculdade de Engenharia
Internal International Code: P PORTO02-FE

Exchange coordinator:

Name: Rosaldo
Surname: Rossetti
Phone: +351 22 508 1566
E-mail: rossetti@fe.up.pt
Fax: +351 22 557 4103
Contact Address:

Rua Dr. Roberto Frias
4200-465 Porto,
Portugal

STUDENT'S PERSONAL INFORMATION

Name: Luis
Surname: Reis
Sex: Male
Date of Birth: 15/03/1992
Nationality: Portuguese
ID Card/Passport number: 14141703
E-mail: brochadoluis@gmail.com
Contact Phone: +351 932333463
Permanent address:

Rua Dr Ângelo Neves 25, 11º, 3
4250 Porto,
Portugal

Telephone: +351 220110900

LANGUAGE COMPETENCE

Mother tongue: Portuguese

Language of instruction at home institution: Portuguese

| | SPEAKING | READING | WRITING | LISTENING |
|---------|----------|---------|---------|-----------|
| SPANISH | NO | Basics | NO | Basics |
| ENGLISH | Medium | Basics | Medium | Medium |
| CATALAN | NO | NO | NO | NO |

ACADEMIC INFORMATION

- **URL for syllabus:**
 - <http://https://www.dropbox.com/s/f9rfqlc2i2wqqxy/Academic%20Information%20>
- **Exchange Program:** ERASMUS+
- **Academic Year:** 2016/2017
- **Semester:** Autumn (first semester)

Proposed Learning Agreement

Degree: Master in Innovation and Research in Informatics

- Subjects:

| Code | Name | ECTS credits |
|------|---------------------------------------|--------------|
| IAS | Internet Applications and Security | 6 |
| DAKD | Data Analysis and Knowledge Discovery | 6 |
| CIR | Cognitive Interaction with Robots | 4.5 |
| IML | Introduction to Machine Learning | 5 |

MANDATORY DOCUMENTS TO BE ENCLOSED

- ☒ Curriculum Vitae with photo
- ☒ Official Transcript of Records (courses passed until present)
- ☒ List of courses enrolled at present
- ☐ Optional Documents:

STUDENT

Signature:

Date:

SENDING INSTITUTION REPRESENTATIVE

I hereby certify that the whole application form including the proposal learning agreement is approved.

Full name:

Status:

Signature:

Date:

Stamp:

HOST INSTITUTION

We hereby acknowledge receipt of the application and the required documents.

The above-mentioned student is:

- ☐ Provisionally accepted at our institution
- ☐ Not accepted at our institution

Institutional coordinator's signature:

Date:

Ms. Maria Teresa Abad
Vice-Dean for Students

SEND THIS FORM & DOCUMENTS TO THE HOST INSTITUTION:

Ms. Maria Teresa Abad
Vice-Dean for Students
FACULTAT D'INFORMATICA DE BARCELONA
UPC - Campus Nord - Edifici B6
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