ANNEX H

Letter of Request for Consent

Dear [Professor's Name],

I, [Your Full Name], bearer of CPF [Your CPF or Passport Number], hereby express my interest in joining the doctoral program of the Graduate Program in Physical Therapy (PPGFT) and request your agreement so that I can apply for the position designated for you.

According to the criteria established in Notice nº 035/2023 issued by the Center for Health and Sports Sciences (CEFID) of the University of the State of Santa Catarina (UDESC), I am aware and fully agree with the points of interest expressed by the professor, as specified in Annex G of the notice. I commit to meeting them in my pre-project.

That said, I request your response to this expression so that I can proceed with my application in the mentioned selection process.

City, Date.

Sincerely,

[Your Full Name]

[Your Contact Information]

**PASTE THE EMAIL OR RESPONSE DOCUMENT FROM THE ADVISOR BELOW:**