

DECLARATION OF HONOR - MODEL

Note: You must make a declaration similar to this one, filling in your identification data and submitting it together with the other required documentation.

I **(Name)**, with nationality(ies) **(indicate nationality(ies))**, holder of **(indicate type of identification document, for example passport) n.º (indicate document number)** , candidate for admission to the academic year **(indicate the academic year for which you are applying)**, under the International Student Statute, for the Degree in Nutritional Sciences at NOVA Medical School|Faculdade de Ciências Médicas, I declare, under commitment of honour, for all purposes provided for in the **Regulation of the International Student Statute** of Universidade Nova de Lisboa and in the **International Student Statute**, in its current version published by Decreto-Lei n.º 62/2018, de 6 de agosto, that:

- a) I don't have Portuguese nationality;
- b) I'm not a national of a member state of the European Union;
- c) I'm not a family member of Portuguese nationals or nationals of a member state of the European Union, as defined by subparagraph e) of the article 2nd of the Lei n.º 37/2006, de 9 de agosto;
- d) Not being a national of a member state of the European Union, I don't legally reside in Portugal for more than two years, without interruption, on January 1st of the year in which I intend to enter higher education, being that the period of residence with residence permit to study is not relevant for these purposes;
- e) I'm not a beneficiary, on January 1st of the year in which I intend to enter higher education, of the status of equal rights and duties granted under an international treaty granted between the Portuguese State and the State of which I'm a national;
- f) I'm not attending NOVA Medical School|Faculdade de Ciências Médicas, within the scope of an international mobility program to carry out part of a study cycle at a foreign higher institution with which NOVA Medical School|Faculdade de Ciências Médicas has established an exchange agreement for this purpose.

(date and place)

(Signature as it appears on your identification document)