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|  |  | **FELLOWSHIP CONTRACT TERMINATION FORM** |
|  |  |  |

Mr. President of Instituto Superior Técnico

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| --- | --- |
| Name |  |

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| with a research fellowship contract under the scope of project |  |

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| under the scientific supervision of |  |

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| requests the termination of the contract with effects on *(date)* |  |

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| so that the last day of the fellowship contract will be on *(date)* |  |

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| The Fellowship Holder   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Date |  |  |  |  |  |  |  | | --- | --- | | Signature |  | |  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  The Scientific Supervisor   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Date |  |  |  |  |  |  |  | | --- | --- | | Signature |  | |

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**Notes:**

*1. In case you have joined the voluntary social insurance and become under the scope of a mandatory social protection scheme, that is, begin a labor contract or become self-employed, it is mandatory to communicate it preferably at the Social Security services of your residence area, in order to terminate the voluntary social insurance.*

*2. Fellowship holders must deliver, within the 30 working days following the termination of the contract, a final report of their activities together with the scientific supervisor’s report. In case of projects financed by FCT, fellowship holders have 60 days to comply with the mentioned obligation.*

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