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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 |  |  |  |  |

|  |  |
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| Signature |  |

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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***The Executive Board Decision*

|  |  |  |  |  |
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| Date |  |  |  |  |

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| 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.*

**B15** | V1.0\_EN | 2017.06.22