APPENDIX I

POST-DOCTORAL TERM OF COMMITMENT

MODALITY – NO SCHOLARSHIP

I, -----, approved to participate in the Post-Doctoral Program of the School of Nursing of the University of São Paulo, Department of ----, declare to be aware of the rules of the Program and other university rules, and promise to observe them, honoring the hours of research established by the Research Committee (or the Deliberative Board).

I also declare that I am aware that the Post-Doctorate does not imply in any kind of employment relationship with the University of São Paulo, and declare that I have the means for my support during the time of research.

São Paulo,

Post-Doc

Sponsor

President of the Research Committee