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| **UNIVERSIDADE DE SÃO PAULO****Instituto de Ciências Biomédicas****Secretaria de Pós-Graduação****Edifício Biomédicas III** **Cidade Universitária "Armando de Salles Oliveira"****Av. Prof. Lineu Prestes, 2415- CEP05508-900** |  |
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**Advisor Form/Statement of Consent regarding the Thesis/Dissertation Submission**

***Name of*****Program:**

**Advisor’s *Name*:**

**Candidate’s *Name*:**

***Degree:*** ( ) **Master’s** ( ) **PhD**

***Title of Thesis/Dissertation:***

**S T A T E M E N T**

**===================**

In accordance with Article 89 of the General Regulation of Graduate Education at USP (Regimento de Pós-Graduação da Universidade de São Paulo), I hereby announce my consent and authorize the candidate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to submit his/her copies of the thesis/dissertation under the title mentioned in this Statement at the Graduate Section of ICB/USP, located in the biomedical building Edifício Biomédicas III.

Sao Paulo,­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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*Advisor’s signature*