| 1. Grantee: | BEX : 0000000 |
| 2. Academic Institution: | Field of study: |
| 3. Degree: | |
| 4. Total grant period: 48 months | |

5. Adviser’s name:  
E-mail:  
Phone number:  

6. Degree conclusion up to: ___________/_____________.  

7. Program officer at CAPES:  
E-mail:  

8. Adviser’s recommendation  
Dear Sir(Madam): CAPES would appreciate that you evaluate the academic performance of the student, in terms of: Courses/Seminars; General/Comprehensive Exams; Thesis progress; Expected Date of Degree Conclusion.  

Signature  
Date _____/_____/______  

Please return this form directly to CAPES:  
Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - CAPES  
Coordenação de Bolsas no Exterior  
70359-970 - Caixa Postal: 365 - Telefone: (61) 2104 8809 - cbe@capes.gov.br - Fax: (61) 322 1580