



ANNEX 3

FORM - Ethnic-Racial Self-Declaration

I, _____, candidate for the master's course in the Selection Process for the Master's in Health Management (Class 2026) at the State University of Ceará and holder of Identity Document No. _____, CPF: _____, declare for the specific purpose of Admission to the State University of Ceará that I am () black () brown () black () indigenous. I also declare that the following reasons justify my ethnic-racial self-declaration:

I also declare that I am aware that the provision of false information, ascertained after admission to the Master's Degree, in a procedure that guarantees me the right to an adversarial hearing and a full defense, will result in my elimination from the selection process under the terms of resolution 1.657/2021, as well as the cancellation of my enrollment at the State University of Ceará, without prejudice to any applicable criminal sanctions.

Fortaleza, ____ of _____ of 2025.

Signature of Applicant
(same as identification document)