



APPLICATION FORM – PUCRS

Supervised Activities

Home Institution:

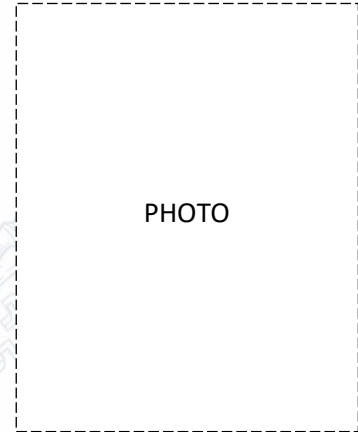
Degree Program:

Duration:

From (MM/YYYY): To (MM/YYYY):

Research

Internship (Professional/Medical)



STUDENT'S PERSONAL DATA

Full Name:

Date of Birth (DD/MM/YYYY):

Gender: M F

Place of Birth (City/Country):

Full Home Address:

Passport Number:

Country of Citizenship:

Email Address:

Cell Phone Number:

Facebook Page (link):

PLEASE INDICATE YOUR LEVEL OF PROFICIENCY

Portuguese	<input type="checkbox"/> None	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Native Language
English	<input type="checkbox"/> None	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Native Language
Spanish	<input type="checkbox"/> None	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Native Language
Other:	<input type="checkbox"/> None	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Native Language



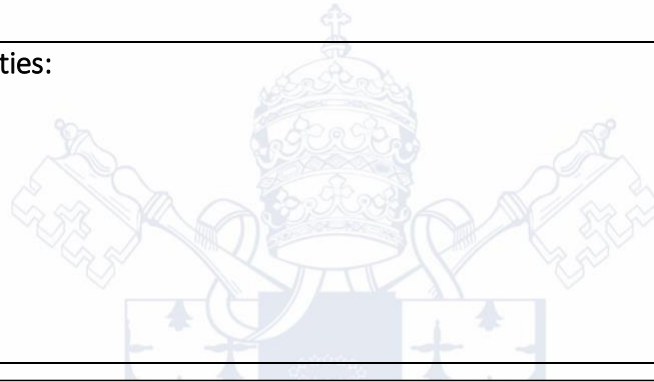
STUDY PLAN

Name of Lab/Group:

Supervising Professor:

Daily Workload:

Description of Activities:



COMMITMENT AGREEMENT

BY SIGNING THIS DOCUMENT, I AGREE WITH THE STATEMENTS BELOW REGARDING MY EXCHANGE PROGRAM AT PUCRS:

- The activities listed in the Study Plan shall be approved by the Supervising Professor;
- I am aware that I must hold an international health insurance plan while in Brazil;
- Students participating in the mobility program under the agreement shall be responsible for the cost of their meals, transportation, lodging and any other expenses.
- My stay at PUCRS is valid for a pre-established period – any extension must be approved by both the Home Institution and PUCRS;
- Either PUCRS or the Home Institution can terminate my program if I fail to comply with the rules and regulations of PUCRS or with the Brazilian laws.

STUDENT

SIGNATURE

Date (DD/MM/YYYY):

SUPERVISOR AT PUCRS

SIGNATURE AND STAMP

Date (DD/MM/YYYY):

HOME INSTITUTION: EXCHANGE COORDINATOR

SIGNATURE AND STAMP

Date (DD/MM/YYYY):

HOME INSTITUTION: ACADEMIC ADVISOR

SIGNATURE AND STAMP

Date (DD/MM/YYYY):



HOME INSTITUTION INFORMATION (to be completed by the applicant)

Full Address of Home Institution (International Office):

Name of Exchange Coordinator:

Email address:

Name of Academic Advisor:

Email address:

HOST INSTITUTION INFORMATION

**PONTIFÍCIA UNIVERSIDADE CATÓLICA DO RIO GRANDE DO SUL – PUCRS
OFFICE FOR INTERNATIONAL COOPERATION
ACADEMIC MOBILITY**

Full Address: Avenida Ipiranga, 6681 – Building 01, Office 110

ZIP CODE: 90619-900 - Porto Alegre, RS, BRAZIL.

Email address for Incoming Students: mobilidade.in@pucrs.br

Incoming Students Contacts: Jade Lopes and Vitor Schaurich

International Website: <http://www.pucrs.br/en/>

Facebook Page: www.facebook.com/pmapucrs

Phone Number: +55 51 3320 3660

Dean of International Cooperation: Prof. Dr. Heloísa Orsi Koch Delgado

IMPORTANT REMINDERS

- Students should only leave their home country after obtaining a Student Visa and Health Insurance, regardless of the duration of their stay.
- The application documents (application form + study plan, transcript of records, valid passport and the confidentiality agreement) must be sent by the home institution (exchange coordinator) to the following e-mail address: mobilidade.in@pucrs.br
- It is NOT necessary to send them by regular mail.
- We would prefer a typed application (not handwritten).

Application Deadline

Applications are open all year long, but should be sent at least 3 months in advance.