**APPLICATION FORM – PUCRS**

**Supervised Activities**

PHOTO

Home Institution:

Degree Program:

Duration:

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

[ ]  Research

[ ]  Internship (Professional/Medical)

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):

**STUDENT’S PERSONAL DATA**

|  |
| --- |
| **PLEASE INDICATE YOUR LEVEL OF PROFICIENCY** |
| Portuguese | [ ]  None | [ ]  Beginner | [ ]  Intermediate | [ ]  Advanced | [ ]  Native Language |
| English | [ ]  None | [ ]  Beginner | [ ]  Intermediate | [ ]  Advanced | [ ]  Native Language |
| Spanish | [ ]  None | [ ]  Beginner | [ ]  Intermediate | [ ]  Advanced | [ ]  Native Language |
| Other: | [ ]  None | [ ]  Beginner | [ ]  Intermediate | [ ]  Advanced | [ ]  Native Language |

**STUDY PLAN**

**HOME INSTITUTION: ACADEMIC ADVISOR**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE AND STAMP

Date (DD/MM/YYYY):

**SUPERVISOR AT PUCRS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE AND STAMP

Date (DD/MM/YYYY):

**STUDENT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE

Date (DD/MM/YYYY):

**HOME INSTITUTION: EXCHANGE COORDINATOR**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE AND STAMP

Date (DD/MM/YYYY):

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.

**COMMITMENT AGREEMENT**

|  |
| --- |
| **Name of Lab/Group:** |
| **Supervising Professor:** |
| **Daily Workload:** |
| **Description of Activities:** |

**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.

**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**: Vitor Schaurich

**International Website:** http://www.pucrs.br/en/

**Facebook Page:** www.facebook.com/pmapucrs

**Phone Number:** +55 51 3320 3660

**Executive Coordinator of the Office for International Cooperation:** Carla Cassol

**HOST INSTITUTION INFORMATION**

Full Address of Home Institution (International Office):

Name of Exchange Coordinator:

Email address:

Name of Academic Advisor:

Email address:

**HOME INSTITUTION INFORMATION (to be completed by the applicant)**