



## APPLICATION FORM FOR EXCHANGE STUDENTS

<p>Indicate the modality: <input type="radio"/> Double Degree    <input type="radio"/> Internship    <input type="radio"/> Academic Mobility</p>
<p>Indicate the period: <input type="radio"/> 1st semester (March to July)    <input type="radio"/> 2nd semester (August to December)    <input type="radio"/> Full year</p>

### PERSONAL INFORMATION

<p>Full name:</p> <p>Gender: <input type="radio"/> Male    <input type="radio"/> Female</p> <p>Mother's full name:</p> <p>Place of birth:</p> <p>Phone number:</p> <p>Country:</p> <p>Home address:</p> <p>Birthday:</p> <p>E-mail:</p> <p>Passport number:</p>
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### ACADEMIC INFORMATION

<p>Home institution:</p> <p>Country:</p> <p>Program at your home institution:</p> <p>Program at UFOP:</p>
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MINISTRY OF EDUCATION  
FEDERAL UNIVERSITY OF OURO PRETO  
RECTORY  
INTERNATIONAL RELATIONS OFFICE (DRI)



LINGUISTIC COMPETENCE

<b>Native language:</b>					
<b>Other languages level of knowledge:</b>					
<b>Portuguese</b>	<input type="radio"/> None	<input type="radio"/> Basic	<input type="radio"/> Intermediate	<input type="radio"/> Advanced	
Type another language	<input type="radio"/> None	<input type="radio"/> Basic	<input type="radio"/> Intermediate	<input type="radio"/> Advanced	
Type another language	<input type="radio"/> None	<input type="radio"/> Basic	<input type="radio"/> Intermediate	<input type="radio"/> Advanced	
<b>Would you like to take classes of Portuguese for foreigners?</b> <input type="radio"/> Yes <input type="radio"/> No					

ADDITIONAL INFORMATION

<b>Would you like us to help you with finding housing?</b> <input type="radio"/> Yes <input type="radio"/> No
<b>Do you have any disability that requires special care?</b> <input type="radio"/> Yes <input type="radio"/> No
<b>If yes, please specify:</b>

LEARNING AGREEMENT

(Fill it with a provisory list of classes you intend to attend at UFOP)

CODE	COURSE NAME



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HOME INSTITUTION

<p><b>Student's name and signature</b></p> <p>Type your name here and sign above it.</p> <p><b>Date:</b> dd/mm/yyyy</p>	<p><b>Academic advisor's signature and stamp</b></p> <p><b>Date:</b> ____/____/____</p>
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HOST INSTITUTION (UFOP)

<p><b>Institutional Coordinator's signature and stamp</b></p> <p><b>Date:</b> ____/____/____</p>
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