**APPLICATION FORM – PUCRS**

**Academic Mobility Program**

PHOTO

Home Institution:

Degree Program:

Duration: [ ]  1 semester [ ]  2 semesters

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

[ ]  Undergraduate

[ ]  Graduate

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):

**ACADEMIC COORDINATOR 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 courses listed in the Study Plan shall be approved by the Academic Coordinators of their respective Schools and they will be subject to availability;

• I am aware that I must hold an international health insurance plan 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**

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| --- | --- |
| **COURSE CODE** | **COURSE NAME** |
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**IMPORTANT REMINDERS**

* Students should only leave their home country after obtaining a Student Visa and Health Insurance, regardless of the duration of the study.
* The application documents (application form + study plan, transcript of records and valid passport) must be sent by the home institution (exchange coordinator) to the following email 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**

First semester (classes from March-July): November 15

Second semester (classes from August-December): April 15

**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

**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)**