



**FEDERAL UNIVERSITY OF CEARÁ**  
**OFFICE OF THE VICE PROVOST FOR UNDERGRADUATE STUDIES**  
**COORDINATING OFFICE FOR PLANNING, INFORMATION AND COMMUNICATION**  
**SELECTION AND ENROLLMENT DIVISION**

**INTERNATIONAL MOBILITY STUDENT APPLICATION**

<b>PERSONAL INFORMATION</b>	
CPF (Taxpayer Registration Number)*:	
Full Name:	
Mother's Name:	
Father's Name:	
Gender: Male ( ) Female ( )	Date of Birth:
Marital Status:	Ethnicity: Asian ( ) Caucasian ( ) Indigenous ( ) Brown ( ) Black ( )
School where Secondary Education was completed:	Year of Completion:
Type of School: Public ( ) Private ( )	
<b>PLACE OF BIRTH</b>	
Country:	
City:	
<b>DOCUMENTATION</b>	
Passport nº.:	Issued by:
Date of Issue:	
<b>PERSONAL CONTACT INFORMATION</b>	
Address:	Neighborhood:
Landline:	Cell phone:
Email address:	
Person responsible for the student (Name):	
Contact:	Relationship to the student:
<b>ACADEMIC DATA</b>	
Home university:	Country:
Faculty:	Program:
Website:	Phone:
Full address of home university:	
Program Coordinator:	E-mail:
<b>MOBILITY INFORMATION</b>	
Choose the type of Mobility:	
<input type="checkbox"/> Free Mover	
<input type="checkbox"/> Bilateral cooperation	
<input type="checkbox"/> Internship	
Specific Projects	Professor in charge of the project:
<input type="checkbox"/> BRAFITEC	Name:
<input type="checkbox"/> BRAFAGRI	E-mail:
<input type="checkbox"/> Others:	
Intended stay	
<input type="checkbox"/> 202___.1: 1st semester (Feb-Jul)	
<input type="checkbox"/> 202___.2: 2nd semester (Aug-Dec)	
<input type="checkbox"/> Defined period: _____	

**IMPORTANT** – Enrollment under the category of international mobility student requires the agreement and official written approval from the following departments:

- Office of the Vice Provost for Innovation and Inter-institutional Relations
- Coordinating Office of the Undergraduate Program

This request must be forwarded to the Coordinating Office of each undergraduate program offering the course(s) requested, so that the Program Coordinator may indicate their consent for enrollment in the respective course(s)/class section(s).

PROGRAM AT UFC: \_\_\_\_\_

[illegible]

REQUESTS ENROLLMENT AS AN INTERNATIONAL FREE MOBILITY STUDENT AND DECLARES ACCEPTANCE OF THE CONDITIONS OR RESTRICTIONS SET FORTH BY CURRENT LEGISLATION, THE UFC STATUTE, GENERAL REGULATIONS, OR OTHER RULES APPROVED BY UFC.

..... (city), ..... (day) ..... (month) **202** (year)

**APPLICANT'S SIGNATURE**

**HOME INSTITUTION**

**WE CERTIFY THAT THE ABOVE LISTED STUDY PLAN HAS BEEN APPROVED AT THE STUDENT'S HOME INSTITUTION**

**DEPARTMENTAL COORDINATOR'S SIGNATURE AND STAMP**

**INSTITUTIONAL COORDINATOR'S SIGNATURE AND STAMP**

\* for students applying to Medical Schools