FEDERAL UNIVERSITY OF CEARÁ

INTERNATIONAL MOBILITY STUDENT APPLICATION

1. PERSONAL INFORMATION		
CPF (Taxpayer Registration Number) mandatory for all students:		
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 ( )		
2. PLACE OF BIRTH		
Country:	Nationality:	
City:		
3. DOCUMENTATION		
Passport nº.:		Issued by:
Date of Issue:		
4. PERSONAL CONTACT INFORMATION		
Address:		Neighborhood:
Landline:		Cell phone:
Email address:		
Emergency Contact Person (Name):		
Contact:		Relationship to the student:
5. ACADEMIC DATA		
Home university:		Country:
Faculty:		Program:
Website:		Phone:
Full address of home university:		
Program Coordinator:		E-mail:
6. MOBILITY INFORMATION		
Choose the type of Mobility: ☐ Free Mover		
☐ Bilateral cooperation		
☐ Internship		
Specific Projects ☐ BRAFITEC ☐ BRAFAGRI ☐ Others:		Professor in charge of the project: Name: E-mail:
Intended stay ☐ 202__.1: 1st semester (Feb-Jul) ☐ 202__.2: 2nd semester (Aug-Dec) ☐ Defined period: _____		

7. STUDENT'S LANGUAGE ABILITY IN PORTUGUESE				
LEVEL	**READING**	**WRITING**	**LISTENING**	**SPEAKING**
HIGH	☐	☐	☐	☐
INTERMEDIATE	☐	☐	☐	☐
LOW	☐	☐	☐	☐

8. REQUESTED COURSE(S)

DEPARTMENT	COURSE TITLE	CODE	Nº OF WEEKS*	PERIOD OF STUDY*	
				Begin (dd/mm/yyyy)	End (dd/mm/yyy)
Example: Engenharia Civil	Example: Análise de Estruturas II	Example: TB080	-	01/01/2027	31/12/2027

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.

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

Versão atualizada em 16/11/2026