



UNIVERSIDADE FEDERAL DE SANTA MARIA - UFSM APPLICATION FORM

Mobility program/Cooperation Agreement:
Academic Year:
Field of Study:

INCOMING STUDENT - UFSM

STUDENT INFORMATION		
3x4cm Photo	Full Name:	Gender:
	Date of birth:	Passport:
	Email:	Phone:
	Address in country of origin:	
	Degree Level (undergraduate/graduate):	
Contact in country of origin:		Relationship:
Email:		Phone:

HOME UNIVERSITY INFORMATION	
Home University:	
Address:	
Academic Coordinator:	Email:
Academic Coordinator/Director:	Email:

DOCUMENTS FOR ENROLLMENT AT UFSM
<p>CPF (Brazilian Social Security Number)</p> <p>Life, Health and Repatriation</p> <p>Insurance RNM (National Migration Identification Card)</p> <p>Passport with Student Visa</p>

STUDY PLAN - UFSM

Academic Degree Program at UFSM:

Program Director:

Level: () Undergraduate () Specialization () Master's () PhD () Post-Doctoral

Period: / ____ / ____ to ____ / ____ /

COURSES TO BE TAKEN

HOME UNIVERSITY			UFSM	
Semester/year	Code/Course Name	Credits - Course Load	Code/Course Name	Credits - Course Load
1°() 2°() 20__				

Contact Person/Position at UFSM:

HOME UNIVERSITY

Signature and Stamp of Academic Coordinator
Date: __/__/__

Signature and stamp of the Institutional
Coordinator/Director:
Date: __/__/__

INSTITUIÇÃO DE DESTINO

Signature and Stamp of Academic Coordinator
Date: __/__/__

Signature and stamp of the Institutional
Coordinator/Director
Date: __/__/__

Signature of the candidate