

APPLICATION FORM

for student exchange

PERSONAL DETAILS

FULL NAME: _____

FULL MOTHER'S NAME: _____

FULL FATHER'S NAME: _____

DATE OF BIRTH (DD/MM/YYYY): ___/___/___

GENDER: () M () F

CITY AND COUNTRY OF BIRTH: _____

NATIONALITY: _____ MARITAL STATUS: _____

PASSPORT NUMBER: _____ EXPIRATION DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____

POSTAL CODE: _____ COUNTRY: _____

TELEPHONE: _____ E-MAIL: _____

DO YOU HAVE ANY MEDICAL CONDITION/DISABILITIES/SPECIAL NEEDS? () NO () YES/DESCRIBE:

CONTACT INFORMATION IN CASE OF EMERGENCY:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

RELATIONSHIP: _____

ACADEMIC INFORMATION

COURSE OF INTEREST AT PUC MINAS: _____

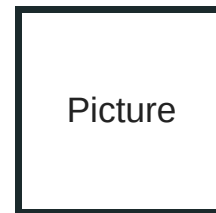
INTENDED PERIOD FOR THE EXCHANGE PROGRAM: () 1st semester () 2nd semester/year:

HOME INSTITUTION: _____

INSTITUTION FULL ADDRESS: _____

NAME OF THE CURRENT STUDY PROGRAM AT HOME INSTITUTION: _____

NUMBER OF TERMS ALREADY ATTENDED AT HOME INSTITUTION: _____



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LANGUAGE KNOWLEDGE

KNOWLEDGE OF PORTUGUESE: () NONE () BASIC () INTERMEDIATE () ADVANCED

KNOWLEDGE OF SPANISH: () NONE () BASIC () INTERMEDIATE () ADVANCED

WILL YOU NEED INSTRUCTION OF PORTUGUESE AS A FOREIGN LANGUAGE? () No () Yes

HOUSING

PUC MINAS DOES NOT HAVE STUDENT HOUSING OR ACCOMMODATION. HOWEVER, WE CAN SUGGEST SOME OPTIONS. THE CHOICE OF ACCOMODATION AS WELL AS ITS COSTS ARE FULL RESPONSIBILITY OF THE STUDENT AND MUST BE PAID DIRECTLY TO THE SUPPLIER OF THE SERVICE.

ENCLOSE COPY OF THE FOLLOWING DOCUMENTS AND SEND US BY POST MAIL

- TRANSCRIPT OF GRADES AND SUBJECTS TAKEN IN HOME UNIVERSITY (THIS DOCUMENT DOESN'T NEED TO BE TRANSLATED);
- LETTER OF INTENTIONS EXPLAINING WHY YOU WOULD LIKE TO STUDY AT PUC MINAS;
- COPY OF PASSPORT MAIN PAGES;
- FINANCIAL RESOURCES DECLARATION PROPERLY COMPLETED AND SIGNED (ATTACHED);
- DESCRIPTION OF SUBJECTS THE STUDENT WANTS TO TAKE AT PUC MINAS (ATTACHED).

IMPORTANT:

- TO STUDY IN BRAZIL YOU MUST HAVE A STUDENT VISA, WHICH SHOULD BE REQUESTED AT THE BRAZILIAN DIPLOMATIC OFFICE IN YOUR HOME COUNTRY.
- PUC MINAS STRONGLY RECOMMENDS THAT FOREIGN STUDENTS CONTRACT AN INTERNATIONAL HEALTH INSURANCE THAT COVERS THE EXPENSES OF HEALTH/EMERGENCY DURING THE STAY IN BRAZIL.
- ONCE IN BRAZIL, YOU WILL HAVE A 30 DAY PERIOD TO GO TO THE FEDERAL POLICE AND REGISTER YOURSELF. ALSO, PLEASE, COME TO OUR OFFICE OF INTERNATIONAL AFFAIRS AS SOON AS YOU CAN AND BRING YOUR PASSPORT.

I DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE.

SIGNATURE: _____

PLACE: _____

DATE: ___ / ___ / ___

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FINANCIAL RESOURCES DECLARATION

I, _____ CITIZEN OF _____, PASSPORT NUMBER _____
EXPEDITION DATE _____ DECLARE HAVING SUFFICIENT FUNDS TO COVER MY EXPENSES WITH FOOD, HOUSING,
TRANSPORTATION, SCHOOL MATERIAL AND OTHERS, DURING MY STAY IN BRAZIL AS WELL AS TUITION AND REGISTRATION FEES
WHEN APPLICABLE BY THE PERIOD I WILL BE ENROLLED AT PUC MINAS ATTENDING THE COURSE _____

SIGNATURE: _____

PLACE: _____

DATE: ___/___/___

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LEARNING AGREEMENT

THE LIST OF FACULTIES AVAILABLE AT PUC MINAS CAN BE FOUND AT:

[https://www.pucminas.br/Graduacao/_layouts/15/cursos/graduacao.aspx?tipo=152f25a5-fa8d-4d04-a7ba-](https://www.pucminas.br/Graduacao/_layouts/15/cursos/graduacao.aspx?tipo=152f25a5-fa8d-4d04-a7ba-57b6b4c21265&campi=ab23480c-5f60-4752-b990-1ac1cf9b8cf5)

57b6b4c21265&campi=ab23480c-5f60-4752-b990-1ac1cf9b8cf5, INCLUDING WHICH COURSES ARE TAUGHT IN EACH FACULTY. PLEASE

INDICATE THE COURSES YOU ARE INTERESED TO ENROLL AT PUC MINAS. THERE ARE SOME IMPORTANT POINTS TO REMEMBER:

- 1) THE AVERAGE NUMBER OF SUBJECTS THE STUDENTS FROM PUC MINAS TAKE IS SIX PER SEMESTER. THUS, SO WE STRONGLY ADVISE YOU NOT TO ENROLL MORE THAN THIS NUMBER OF CLASSES IN ORDER TO GUARANTEE SUCCESSFUL ACADEMIC RESULTS.
- 2) THE INDICATED FACULTY/DEPARTAMENT WILL STUDY YOUR LIST OF DISCIPLINES AND INFORM IT THERE IS ANY ISSUES MAY OBSTRUCT YOUR REGISTRATION. POSSIBLE ISSUES ARE: INCOMPATIBILITY OF SCHEDULES AMONG THE SUBJECTS YOU HAD INDICATED, FULL CLASSES AND/OR EXISTENCE OF PRE-REQUISITES;
- 3) YOUR REGISTRATION WILL ONLY BE ACCOMPLISHES WHEN YOU ARRIVE AT THE OFFICE OF INTERNATIONAL AFFAIRS.

FACULTY/DEPARTMENT	SUBJECT	SHIFT

SIGNATURE: _____

PLACE: _____

DATE: ___/___/___

