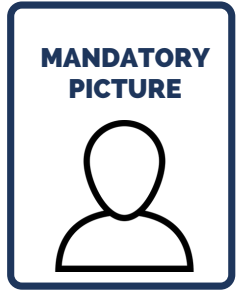


APPLICATION FORM for student exchange

PERSONAL DETAILS



FULL NAME (AS IN YOUR PASSPORT) _____

FULL MOTHER'S NAME: _____

FULL FATHER'S NAME: _____

DATE OF BIRTH (DD/MM/YYYY): ___/___/____ GENDER: ()M ()F ()OTHER

CITY AND COUNTRY OF BIRTH: _____

NATIONALITY: _____ MARITAL STATUS: _____

PASSPORT NUMBER: _____ EXPEDITION 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 () ONE SEMESTER () ONE YEAR

IN CASE OF ONE SEMESTER, SPECIFY: () FEBRUARY - JUNE () AUGUST - DECEMBER

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 ACCOMMODATION AS WELL AS ITS COSTS ARE FULL RESPONSIBILITY OF THE STUDENT AND MUST BE PAID DIRECTLY TO THE SUPPLIER OF THE SERVICE.

THE HOME UNIVERSITY MUST SEND US AN ENCLOSE COPY OF THE
FOLLOWING DOCUMENTS BY E-MAIL:

seplanrelint@pucminas.br

- 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 AS SOON AS POSSIBLE.
- 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 TO COMPLETE YOUR REGISTRATION PROCESS.

USE OF PICTURE'S RIGHTS

WOULD YOU LIKE TO AUTHORIZE YOUR PICTURE'S USE AT PUC MINAS'S WEBSITE AND SOCIAL MEDIA? () YES () NO

INTERNATIONAL BUDDY

WOULD YOU LIKE TO HAVE AN INTERNATIONAL BUDDY? () YES () NO

*BY CHECKING UP THE 'YES' BOX, YOU AGREE TO LET THE INTERNATIONAL AFFAIRS OFFICE SEND YOUR CONTACT INFORMATION TO A PUC MINAS'S STUDENT, WHO WILL HELP YOU DURING YOUR EXCHANGE PROGRAM.

If you want to, you can also share your social media with us, so we can send to your buddy:

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: __/__/__

APPLICATION FORM for student exchange



LEARNING AGREEMENT

THE LIST OF FACULTIES AVAILABLE AT PUC MINAS CAN BE FOUND AT: <https://bit.ly/2WiojGo>, INCLUDING WHICH COURSES ARE TAUGHT IN EACH FACULTY. PLEASE INDICATE THE COURSES YOU ARE INTERESTED 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, WE STRONGLY ADVISE YOU NOT TO ENROLL MORE THAN THIS NUMBER OF CLASSES IN ORDER TO GUARANTEE SUCCESSFUL ACADEMIC RESULTS.
2. THE INDICATED FACULTY/DEPARTMENT/PROGRAM WILL STUDY YOUR LIST OF SUBJECTS/COURSES AND INFORM IF THERE IS ANY ISSUES THAT MAY OBSTRUCT YOUR REGISTRATION. POSSIBLE ISSUES ARE: INCOMPATIBILITY OF SCHEDULES AMONG THE SUBJECTS/COURSES YOU HAVE INDICATED AND/OR FULL CLASSES;
3. YOUR REGISTRATION WILL ONLY BE ACCOMPLISHED WHEN YOU ARRIVE AT THE OFFICE OF INTERNATIONAL AFFAIRS.

FACULTY/DEPARTMENT/ PROGRAM	SUBJECT/COURSE	SHIFT MORNING, AFTERNOON OR EVENING

SIGNATURE _____

PLACE: _____

DATE: __/__/_____