



MINISTRY OF EDUCATION  
FEDERAL UNIVERSITY OF OURO PRETO  
RECTORY

INTERNATIONAL AFFAIRS OFFICE (CAINT)



Universidade Federal  
de Ouro Preto

**APPLICATION FORM FOR EXCHANGE STUDENTS**

Indicate the modality:  Double Degree  Internship  Academic Mobility

Indicate the period:

1st semester (March to July)  2nd semester (August to December)  Full year

**PERSONAL INFORMATION**

Full name:

Gender:  Male  Female

Mother's full name:

Place of birth:

Phone number:

Country:

Home address:

Birthday:

E-mail:

Passport number:

**ACADEMIC INFORMATION**

Home institution:

Country:

Program at your home institution:

Program at UFOP:



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LINGUISTIC COMPETENCE

Native language:				
Other languages level of knowledge:				
Portuguese	<input type="radio"/> None	<input type="radio"/> Basic	<input type="radio"/> Intermediate	<input type="radio"/> Advanced
	<input type="radio"/> None	<input type="radio"/> Basic	<input type="radio"/> Intermediate	<input type="radio"/> Advanced
	<input type="radio"/> None	<input type="radio"/> Basic	<input type="radio"/> Intermediate	<input type="radio"/> Advanced
Would you like to take classes of Portuguese for foreigners? <input type="radio"/> Yes <input type="radio"/> No				

ADDITIONAL INFORMATION

Would you like us to help you with finding housing? <input type="radio"/> Yes <input type="radio"/> No
Do you have any disability that requires special care? <input type="radio"/> Yes <input type="radio"/> No
If yes, please specify:

LEARNING AGREEMENT

(Fill it with a provisory list of classes you intend to attend at UFOP)

CODE	COURSE NAME



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HOME INSTITUTION

<b>Student's name and signature</b>	<b>Academic advisor's signature and stamp</b>
          <b>Date:</b> ____/____/____	          <b>Date:</b> ____/____/____

HOST INSTITUTION (UFOP)

<b>Institutional Coordinator's signature and stamp</b>
          <b>Date:</b> ____/____/____