

UNIVERSIDADE FEDERAL DO ESPÍRITO SANTO
SECRETARIA DE RELAÇÕES INTERNACIONAIS
Application Form for International Students

Personal Information

Name <i>(as it appears in your passport)</i>							
First Name		Middle Name		Family Name			
Title <i>(Mr, Mrs, Miss)</i>			Gender <i>(Male/Female)</i>				
Passport Number			Expiry Date				
Country of Birth			Birth Date <i>(DD/MM/YYYY)</i>				
Country of Citizenship			Native Language				
Mailing Address			Family Address <i>(if different from Mailing Address)</i>				
Street			Street				
City/Province/State			City/Province/State				
Country			Country				
Postal Code			Postal Code				
Phone 1		Phone 2		Phone 1		Phone 2	
e-mail				e-mail			

Do you have family or friends currently residing in Brazil?		Yes ()		No ()	
<i>If yes, please list as a local contact:</i>					
Contact Name			Relationship		
Address			Phone		

How did you find out about UFES?

Educational Information (institutions you have attended)

Name of school, university, college or institute	Dates attended	
	From:	
	To:	
	From:	
	To:	

Portuguese Language Proficiency

Have you ever attended a Portuguese Language School?	Yes ()	No ()
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Describe your level of Portuguese proficiency

Skill/Level	Beginner	Intermediate	Advanced
Reading	()	()	()
Listening	()	()	()
Writing	()	()	()
Speaking	()	()	()

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Financial Verification

Will you be supported by your government or by a sponsoring agency?	Yes ()	No ()
Are you self-supporting?	Yes ()	No ()
Will you have other forms of financial support?	Yes ()	No ()

Details of Home Institution

Home Institution Name
Address
City/Province/State
Country/Area
Postal Code
Country
Contact Information

Department/Faculty Details

Department or Faculty in which you wish to study at UFES
Proposed Academic Adviser (if applicable)

Admission Dates – Please indicate below the year/term in which you are applying for admission

Year	Term/Semester	
Please indicate below the number of terms for which you wish to be admitted		
() One term	() Two terms	() Three terms

I confirm that the information I have provided on this application form is (to the best of my knowledge) true, accurate, current and complete; and I agree to notify the University promptly if any information contained on this application form should change, in order to keep it true, accurate, current and complete

Signature	Date
Signed (Please print name)	

Please, submit your completed application to: Universidade Federal do Espírito Santo Secretaria de Relações Internacionais Av. Fernando Ferrari, 514 Goiabeiras, Vitória/ES – Brasil CEP 29.075-910	Contact Information +55 27 4009-2046 internacional@reitoria.ufes.br www.internacional.ufes.br
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