



UFPEL

UNIVERSIDADE FEDERAL DE PELOTAS

ANNEX I - Application Form
INSTITUTIONAL INTERNATIONALIZATION PROJECT
FELLOWSHIPS FOR VISITING SCHOLARS IN BRAZIL
CAPES PrInt/UFPeI

1. Applicant's Information:

Name _____

ORCID Registration Number _____

Year of Doctoral Completion _____

Project title, if applicable _____

Link CV _____

Selected Theme: () Healthy Food in Sustainable Territories () Health Society

International Cooperation Project _____

Period of stay at UFPEL _____

Name of Host Professor, if any _____

Graduate Program to which the Host Professor belongs _____

Department/Laboratory _____

Graduate Program to which the applicant will be bound _____

I declare that I am not a recipient and I am not requesting any other financial benefits from the Brazilian government.

Signature of the applicant: _____

On: ____/____/____

I declare that I am aware of this application.

Signature of the Host Professor: _____

On: ____/____/____

Signature of the Graduate Program Coordinator: _____

On: ____/____/____