



UFPEL

**ANNEX I - Application Form
CAPES PrInt/UFPeI
FELLOWSHIPS FOR VISITING SCHOLARS IN
BRAZIL**

1. Applicant's Information:

Name: _____

E-mail: _____

ORCID Registration Number: _____

Link CV: _____

Year of Doctoral Completion: _____

Theme: () Healthy Food in Sustainable Territories

() Health Society: A View Over the Equity During the Vital Cycle

International Cooperation Project: _____

Period of stay at UFPEL: _____

Name of Host Professor: _____

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: ____/____/____