

## APPLICATION FORM FOR INTERNATIONAL STUDENTS

### 1. General Information

|                             |                                    |
|-----------------------------|------------------------------------|
| Name:                       |                                    |
| Gender: ( ) Male ( ) Female | Nationality:                       |
| Place of Birth:             | Date of Birth (d/m/y):     /     / |
| Address:                    |                                    |
| City/State:                 |                                    |
| Country:                    | ZIP Code:                          |
| Telephone: (     )          | Cell phone: (     )                |
| E-mail:                     |                                    |
| Passport number:            |                                    |

### 2. Family and Emergency Information

|   |
|---|
| Mother's name:  |
| Father's name:  |
| If the parents have different contact information, please inform: |
|   |
|   |

|                                       |                    |
|---------------------------------------|--------------------|
| Another contact in case of emergency: |                    |
| Relationship:                         | Telephone: (     ) |
| Address:                              |                    |
|                                       | E-mail:            |

### 3. Academic Information

|                      |  |
|----------------------|--|
| Home University:     |  |
| Majoring in:         |  |
| Years attend so far: | Planned Term of Enrollment at UNIMEP:<br>( ) Feb-Jul ( ) Aug-Dec |

### 4. Languages

|                     |                                       |
|---------------------|---------------------------------------|
| Native Language:    | Fluent ( ) Intermediary ( ) Basic ( ) |
| Foreign Language 1: | Fluent ( ) Intermediary ( ) Basic ( ) |
| Foreign Language 2: | Fluent ( ) Intermediary ( ) Basic ( ) |

### 5. Insurance Information

|                                  |
|----------------------------------|
| Number of the insurance voucher: |
|----------------------------------|

Name and telephone of the company:

## CERTIFICATE OF FINANCIAL SUPPORT

I, \_\_\_\_\_, herewith declare that I will support financially the student \_\_\_\_\_ during his/her stay in Brazil.

I can send him/her the amount of \_\_\_\_\_ per month (please put the value in American dollars).

Name and Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

(day)

(month)

(year)

( ) Mother

( ) Father

## HEALTH INFORMATION FORM

(to be filled out and signed by a physician)

Name of applicant: \_\_\_\_\_

Age: \_\_\_\_\_

Blood Type: ( ) A ( ) B ( ) AB ( ) O Rh factor: ( ) Positive ( ) Negative

Does the applicant use glasses: ( ) Yes ( ) No

Please, indicate with an **X** if you have or already had:

- ( ) Tuberculosis ( ) Diabetes ( ) Epilepsy ( ) Kidney Colic  
( ) High-Pression ( ) Rheumatic Fever ( ) Kidney Disease ( ) Other Diseases: \_\_\_\_\_  
( ) Heart Problems ( ) Malaria ( ) Allergy \_\_\_\_\_

Please describe: \_\_\_\_\_

\_\_\_\_\_

Present conditions: Indicate with an **X** if you find any disease or abnormality:

- ( ) Tonsils, Nose or Throat ( ) Genitor - Urinary System  
( ) Stomach or Digestive ( ) Blood or Endocrine System  
( ) Brain or Nervous System ( ) Venereal Disease  
( ) Skin ( ) Lungs or Respiratory System  
( ) Heart or Blood Vessel ( ) Other Abdominal Organs  
( ) Bones, Joints or Locomotor System

Please describe: \_\_\_\_\_

\_\_\_\_\_

Has the applicant suffered from any nervous or mental disease? \_\_\_\_\_

\_\_\_\_\_

Surgeries done (descriptions/date): \_\_\_\_\_

\_\_\_\_\_

**I HEREWITH DECLARE THAT THE APPLICANT IS ABLE TO STUDY IN A FOREIGN COUNTRY**

\_\_\_\_\_

Name of physician

\_\_\_\_\_



