



FEDERAL UNIVERSITY OF SERGIPE
OFFICE OF THE PRO-RECTOR FOR GRADUATE STUDIES AND RESEARCH (POSGRAP)
INTERNATIONAL RELATIONS OFFICE (CORI)

Certificate of Enrollment

International Academic Mobility – UFS Student (Outgoing)

We certify that the student's institutional enrollment will remain active during all activities carried out within the ELAP program and after their return to the Federal University of Sergipe. According to [RESOLUTION N° 02/2014/CONEPE](#), which regulates Student Mobility at the Federal University of Sergipe:

Art. 3. The change of status shall maintain the student's active link with the Federal University of Sergipe.

We hereby certify, for all due purposes, that the student is duly enrolled on a full-time basis at this Institution.

1. PERSONAL DATA	
Full Name:	
Date of Birth: / /	Gender:
Nationality:	Place of Birth:
ID Document:	CPF:
Passport:	
Full Address (Brazil):	
E-mail:	
Phone:	Mobile:
Host Institution:	
Emergency Contact: (Name, phone, address, and e-mail):	

Divisão de Cooperação Internacional e Mobilidade Estudantil (DCM)

Tel.: (79) 3194-6788 / E-mail: dcm.cori@academico.ufs.br

Endereço: Av. Marechal Rondon, s/n. Jardim Rosa Elze, São Cristóvão/Sergipe - Brasil

Didática 7, 4º Andar, Sala 407

Siga-nos no Instagram: https://www.instagram.com/cori_ufs/



2. ACADEMIC INFORMATION (AT UFS)	
Program/Major:	
Enrollment ID (Matrícula):	Campus:
Degree Level: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Post-doctoral <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Internship	
Program Coordinator's Name:	
Current Term/Semester:	Expected Graduation (Year):

3. MOBILITY INFORMATION AT THE HOST INSTITUTION
Host University / Country:
Program/Major:
Degree Level / Mobility Type: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Post-doctoral <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Internship <input type="checkbox"/> Other:
Duration of Mobility (if defined):
Start Date (Year.Semester - if defined):
*Program Name or Agreement (UFS/Foreign Institution):
Modality: <input type="checkbox"/> In-person <input type="checkbox"/> Virtual

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4. Justification for joining the program / Rationale for application

Documents to be attached and sent with this process:

- Updated Academic Transcript (SIGAA);
- Identification Document

***Required for internal verification of active enrollment and request legitimacy.**

Signature of the Student/Applicant:

Date: __/__/____

International Relations Coordinator

Federal University of Sergipe

AUTHORITY: ORDINANCE [Nº 754, DE 14 DE ABRIL DE 2025](#)

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