



APPLICATION FORM FOR ACADEMIC MOBILITY UNDERGRADUATE EXCHANGE

STUDENT INFORMATION

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|-----------------------------------|------------------------------|
| NAME: | |
| DATE OF BIRTH: | NATIONALITY: |
| PASSPORT NO.: | COUNTRY OF RESIDENCE: |
| E-MAIL: | |
| MOTHER'S NAME: | |
| FATHER'S NAME: | |
| EMERGENCY CONTACT (NAME): | |
| EMERGENCY CONTACT (EMAIL): | |

LANGUAGE PROFICIENCY

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| PORTUGUESE: | <input type="checkbox"/> BEGINNER | <input type="checkbox"/> INTERMEDIATE | <input type="checkbox"/> ADVANCED |
| _____ | <input type="checkbox"/> BEGINNER | <input type="checkbox"/> INTERMEDIATE | <input type="checkbox"/> ADVANCED |
| _____ | <input type="checkbox"/> BEGINNER | <input type="checkbox"/> INTERMEDIATE | <input type="checkbox"/> ADVANCED |
| _____ | <input type="checkbox"/> BEGINNER | <input type="checkbox"/> INTERMEDIATE | <input type="checkbox"/> ADVANCED |

ACADEMIC INFORMATION

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| HOME INSTITUTION: | |
| COURSE: | GRADE: |
| ACADEMIC COORDINATOR: | EMAIL: |
| INSTITUTIONAL COORDINATOR: | EMAIL: |

MOBILITY APPLICATION

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| COURSE AT UEL: |
| ACADEMIC TERM: |
| MOBILITY PERIOD: FROM / / TO / / |

LEARNING AGREEMENT

| Course Unit Code | Course Unit Title at HOME INSTITUTION / | Number of Credits / Course Unit Workload | Course Unit Code | Course Unit Title at UEL | Number of Credits / Course Unit Workload |
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| LEARNING AGREEMENT | | | | | |
|--------------------|---|--|------------------|--------------------------|--|
| Course Unit Code | Course Unit Title at HOME INSTITUTION / | Number of Credits / Course Unit Workload | Course Unit Code | Course Unit Title at UEL | Number of Credits / Course Unit Workload |
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| TOTAL: | | | TOTAL: | | |

TO COMPLETE THE LEARNING AGREEMENT PLEASE CONSULT [HTTPS://SITES.UEL.BR/INTERNATIONAL/UNDERGRADUATE/](https://sites.uel.br/international/undergraduate/). THE CHOSEN COURSE UNITS **MUST** CORRESPOND TO THE MOBILITY TERM/SEMESTER (A = ANNUAL; 1S = FIRST SEMESTER; 2S = SECOND SEMESTER).

STUDENT

I hereby declare that the above information is true.

Date:

HOME INSTITUTION

We hereby approve the student's exchange application and the proposed learning agreement.

Academic Coordinator

Institutional Coordinator

Date:

Date:

UNIVERSIDADE ESTADUAL DE LONDRINA

We hereby approve the student's exchange application and the proposed learning agreement.

Academic Coordinator

Institutional Coordinator

Date:

Date: