

**FEDERAL UNIVERSITY OF SERGIPE**  
**OFFICE OF POSTGRADUATE STUDIES AND RESEARCH (POSGRAP)**  
**COORDINATION OF INTERNATIONAL RELATIONS (CORI)**

**International Academic Mobility Application Form – Foreign Student  
(Incoming)**

|                                                                                          |                 |
|------------------------------------------------------------------------------------------|-----------------|
| <b>1. PERSONAL DATA OF THE STUDENT</b>                                                   |                 |
| Full name:                                                                               |                 |
| Date of birth:    /    /                                                                 | Gender:         |
| Nationality:                                                                             | Place of birth: |
| *Number of National Identification Card (specify which is the document):                 |                 |
| Passport:                                                                                |                 |
| Address/street:<br><br>Number:<br><br>Neighborhood:<br><br>Code:<br><br>Reference point: |                 |

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**Division of International Cooperation and Student Mobility (DCM)**

Tel.: (79) 3194-6788 / E-mail: [dcm.cor@academico.ufs.br](mailto:dcm.cor@academico.ufs.br)

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

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MOBILIDADE ACADÊMICA



|                                                                                            |                        |
|--------------------------------------------------------------------------------------------|------------------------|
| E-mail:                                                                                    |                        |
| Phone number:                                                                              | Personal phone number: |
| <b>*A person to contact in case of emergency (name, phone number, address and e-mail):</b> |                        |

|                                        |               |
|----------------------------------------|---------------|
| <b>2. STUDENT ACADEMIC INFORMATION</b> |               |
| Home/foreign university:               |               |
| Course:                                | Registration: |

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Course level:

☐ Graduation

☐ Postdoctoral

☐ Master's degree

☐ Doctorate

☐ Another/Specify:

\_\_\_\_\_

Name of Course Coordinator:

\_\_\_\_\_

Current course period:

Estimated completion date (year):

\_\_\_\_\_

\_\_\_\_\_

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### 3. DESTINATION INSTITUTION

**FEDERAL UNIVERSITY OF SERGIPE**

**Country: Brazil**

**Campus:**

- ☐ Aracaju
- ☐ Glória
- ☐ Itabaiana
- ☐ Laranjeiras
- ☐ Lagarto
- ☐ São Cristóvão

**Course level/mobility:**

- ☐ Undergraduate
- ☐ Postdoctoral
- ☐ Master's

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☐ Doctorate

☐ Internship

☐ Another/Specify

**Duration of Mobility Period:** \_\_\_\_\_ months

**Academic Period of Mobility Start (YEAR. SEMESTER):**

**Knowledge of Portuguese Language:**

☐ Reading:

- A1
- A2
- B1
- B2

☐ Writing:

- A1
- A2
- B1
- B2

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( ) Conversion/Speaking and Listening:

- A1
- A2
- B1
- B2

**\*Name of Program or Agreement (if applicable):**

#### 4. DISCIPLINES TO BE TAKEN AT THE DESTINATION UNIVERSITY

To check UFS offers, access:

GRADUATION: [SIGAA - Sistema Integrado de Gestão de Atividades Acadêmicas](#)

POST-GRADUATION : [MASTER'S AND DOCTORATE COURSES](#)

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| Discipline code      | Name of the subject/course | Credits              | Duration             |
|----------------------|----------------------------|----------------------|----------------------|
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**5. Justification for application:**

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## 6. Required documents

### Academic History

Proof of affiliation with the Partner/Foreign Institution

Updated proof of enrollment

Copy of DNI (National Identification Document)

Copy of passport

Subject/study plan (maximum 3 academic periods)

Syllabuses and programs of the subjects of the institution of origin\*

Syllabuses and programs of the courses of the host institution\*

**Note/Other:**

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## 7. Signatures

\_\_\_\_\_  
**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's signature

\_\_\_\_\_  
**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature and stamp of the Course Coordinator/Department or Legal Representative  
**(Home University)**

\_\_\_\_\_  
**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature and stamp of the Course Coordinator/Department  
**(Federal University of Sergipe)**

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