#### Pontifícia Universidade Católica do Paraná

#### Office for Internationalization

**PUCPR EXPERIENCE**

**LANGUAGE & CULTURE PROGRAM**

**January 21st – February 8th, 2019**

# PERSONAL INFORMATION

|  |
| --- |
| First Name: |
| Middle Name(s):       Last Name: |
| E-mail 1:       E-mail 2: |
| Gender:  Male  Female Date of Birth:      /     /  DD / MM / YYYY |
| Country of Birth: |
| Country of Issuance of Passport: |
| Passport Number: |

# ACADEMIC INFORMATION

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| --- |
| Home Institution: |
| Area of studies (course/major): |
| **Home Office of International Relations Contact:**  Name:  Telephone: (     ) (     )  Email: |

|  |  |
| --- | --- |
| I hereby declare that all information given on this Application Form is true and correct and I will pay the **Tuition Fee R$2.000,00 (Approx. USD500)** upon arrival at PUCPR.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place / Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student’s Signature | I hereby declare that all the information given on this Application Form was approved by the Home Institution.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place / Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home Office International Relations Signature |

Please enclose the documents listed below to this Application Form in one single PDF file and send to the email

**There is no need to post the original documents.**

**Documents:**

1. Passport copy (personal information page)

After confirmation of the program, students will be required to submit one copy of their visa and health insurance policy.

If you need any further information or assistance, please call or send an email