



Universidade Estadual do Norte Fluminense Darcy Ribeiro



Pró-Reitoria  
de Pesquisa  
e Pós-Graduação

ACADEMIC SECRETARY

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**APPLICATION FORM**

**REQUIRED DOCUMENTS**

- The documents listed in item 2.2.2.1 of the PPGCN Masters and Doctorate Selection Notice must be delivered or attached when submitting application

**ATTENTION!**

*All requested information is essential for the candidate's evaluation*

<b>INTENDED COURSE</b>	<b>LEVEL</b>
Natural Science	<input type="checkbox"/> MS <input type="checkbox"/> DS
<b>CONCENTRATION AREA</b>	
Natural Science	
<b>LINE OF RESEARCH</b>	
<b>ADVISOR</b>	<b>VACANCY CODE</b>

**CANDIDATE IDENTIFICATION**

<b>FULL NAME</b>					
<b>SEX</b>	<b>CPF - Brazilian Candidates only</b>	<b>IDENTIFICATION/Passport</b>	<b>ISSUING AUT</b>	<b>ST</b>	<b>EMISSION DATE</b>
<input type="checkbox"/> M <input type="checkbox"/> F					____/____/____
<b>DATE OF BIRTH</b>	<b>NACIONALITY</b>	<b>PERMANENT VISA</b>	<b>E-MAIL</b>		
____/____/____		<input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>ADDRESS</b>					
<b>CITY</b>	<b>STATE</b>	<b>COUNTRY</b>	<b>ZIP CODE</b>	<b>PHONE NUMBER</b>	

**ACADEMIC INFORMATION**

<b>GRADUATE COURSE</b>			<b>YEAR</b>	
<b>INSTITUTION</b>		<b>CITY</b>	<b>ST</b>	<b>COUNTRY</b>
<b>POSTGRADUATE COURSE</b>			<b>YEAR</b>	
<b>INSTITUTION</b>		<b>CITY</b>	<b>ST</b>	<b>COUNTRY</b>

**CANDIDATES COMPETING FOR QUOTA SYSTEM (State Law/RJ N° 6914/2014 met the conditions of social deprivation)**

<b>SERÁ CANDIDATO POR COTA?</b>	<b>QUOTA CATEGORY</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> AFRICAN AMERICANS OR INDIGENOUS <input type="checkbox"/> GRADUATED STUDENTS FROM PUBLIC OR PRIVATE INSTITUTIONS <input type="checkbox"/> PEOPLE WITH DISABILITIES AND OTHER SITUATIONS ART. 3 - ITEM 3

Submit all required documentation in accordance with item 2.2.4 and ANNEX 2 of the Selection Notice

**CANDIDATES WITH DISABILITIES Federal Law N° 13.146/2015 - Persons with Disabilities Brazilian Inclusion Law**

PERSON WITH DISABILITY?	TYPE OF DISABILITY	ANY SPECIAL NEED?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> VISION <input type="checkbox"/> PHYSICAL <input type="checkbox"/> HEARING <input type="checkbox"/> MENTAL <input type="checkbox"/> OTHER _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Which: _____ _____

Inform the Coordination Committee if there is of any special needs for participating in the selection process - item 2.2.13 of Selection Notice

**PROFESSIONAL ACTIVITIES AND WORKPLACES\***

INSTITUTION	PERIOD		ACTIVITY
	FROM	TO	

\* Teaching, research, extension, promotion and private activities. Identify, starting with the most recent, the last three paid activities

PERSONAL INCOME SOURCES
<input type="checkbox"/> Scholarship to be granted by _____. <input type="checkbox"/> Will maintain an employment relationship during the course, receiving salaries. <input type="checkbox"/> Will maintain an employment relationship during the course, without receiving salaries. <input type="checkbox"/> I have a job, but I want to apply for a scholarship on the course. My last salary was US\$ _____ <input type="checkbox"/> I do not have a job and I want to apply for a scholarship on the course.

**AGREEMENT OF THE INSTITUTION (for candidates with employment relationship)**

DATE	POSITION/FUNCTION	SIGNATURE/STAMP*
_____/_____/_____		

\*Signature of the Director or competent hierarchical superior or send a statement on the institution's letterhead, expressing its agreement with the candidate's release for taking the course, if selected, on a full-time basis, in accordance with item 10.3 of the notice.

RESEARCH PROJECT PROPOSAL (ONLY FOR DOCTORATE CANDIDATES)
Submit a Research Project Proposal to be prepared in accordance with the instructions in ANNEX 6 (Item 2.2.2.1 (5p) of the selection notice)

DECLARATION						
I DECLARE that this application contains complete and accurate information, that I accept the evaluation system and criteria adopted by the institution, as well as the rules established by the Postgraduate Regiment of UENF and of the course.						
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LOCAL	DATE	SIGNATURE				
	_____/_____/_____					

TERM OF COMMITMENT						
I COMMIT MYSELF to deliver a certified copy of the Degree and/or Master's diplomas, or equivalent documents, by the deadline for initial enrollment in accordance with the academic calendar of the UENF postgraduate course. I further declare that I am aware that failure to comply with the above will result in the non-effectiveness of my registration and the consequent elimination of the selection process.						
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