



Universidade Estadual do Norte Fluminense Darcy Ribeiro



Pró-Reitoria
de Pesquisa
e Pós-Graduação

SECRETARIA ACADÊMICA

1

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

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

CANDIDATE IDENTIFICATION

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

ACADEMIC INFORMATION

GRADUATE COURSE				YEAR	
INSTITUTION			CITY	ST	COUNTRY
POSTGRADUATE COURSE				YEAR	
INSTITUTION			CITY	ST	COUNTRY

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

SERÁ CANDIDATO POR COTA?	QUOTA CATEGORY
<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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