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| https://lh7-rt.googleusercontent.com/docsz/AD_4nXf0sshPioY7D5nU6dmdcOFezXoBifAEMDQ1qMRFnHUyrrZcNBdzjZTT660iQmr7TsNZS7NF3GvynDFHQ_hPdnskCnElX1W-OhIYH8zbyhNdY-xYMRUoe8g8AJh_awyR5Yjm8CyfoRJpUmW25goAB8c5TSaKKunC8KxpRejRaw?key=gXPEKJCyv_Gsg884xEwijA | | **Universidade Estadual do Norte Fluminense Darcy Ribeiro Pró-Reitoria de Pesquisa e Pós-Graduação** | | | | | | | | | | | | | | https://lh7-rt.googleusercontent.com/docsz/AD_4nXfhQweuAKrEQTgKX3IWgVvCsODoVnUmvpEFxAX-LaFz-Nhv7ReY1VNN5rrHYYYEcD9qYuECM7PRIkPmv78sXFHeJ7-tuuNTLlsl-9LYYPMlsDYAECOQg9ZzPM4lGlr9J_xO7smEULa4GEqnMmM3oaabfIFwnC9Lu0mV5kotdw?key=gXPEKJCyv_Gsg884xEwijA | | | | | | | | |
| **Application Form for Selection Process** | | | | | | | | | | | | | | | | | | | | | | | | |
| * **REQUIRED DOCUMENTS** * Copy of the bachelor’s degree diploma or equivalent; * Final academic transcript of the bachelor’s degree; * Copy of the master’s degree diploma, for doctoral candidates; * Final academic transcript of the master’s degree, for doctoral candidates; * 1 digitalized 3x4 photo; * Documented Curriculum Vitae; * Recommendation letters from three individuals related to your academic background or professional activities; * Copy of Civil Identity Card, CPF, Civil Registry, Voter ID, and Military Document; | | | | | | | | | | | | | | | | | | | | | | | | |
| **Candidate Identification** | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name: |  | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: |  | | Email: | |  | | | | | | | | | Phone: | | | | |  | | | | | |
| *For Brazilians:* | | | | | | | | | | | | | | | | | | | | | | | | |
| CPF: |  | | | | | | | | | | Voter ID | | |  | | | | | | | | | | |
| Civil Identity: |  | | | Issuing Authority/State: | | | | | | |  | | | Date of Issue: | | | | | | |  | | | |
| *For foreigners:* | | | | Passport or RNM: | | | | | | |  | | | | | | | | | | | | | |
| Complete Address: |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Academic Background** | | | | | | | | | | | | | | | | | | | | | | | | |
| Undergraduate Course: | |  | | | | | | | | | | | | | | | | Year: | | | |  | | |
| Institution: | |  | | | | | | | | | | | | | | | | Country | | | |  | | |
| graduate Course: | |  | | | | | | | | | | | | | | | | Year: | | | |  | | |
| Institution: | |  | | | | | | | | | | | | | | | | Country | | | |  | | |
| **Selection Process** | | | | | | | | | | | | | | | | | | | | | | | | |
| Desired Course: | |  | | | | | | | | | | | | | | Level: | | | | MS |  | | DS |  |
| Concentration Area: | |  | | | | | | | | | | | | | | | | | | | | | | |
| Research Line of Interest within the Concentration Area: | | | | | | |  | | | | | | | | | | | | | | | | | |
| Option for Vacancy:  (mark only one option): | | Open Competition | | | |  | | Affirmative Action Program Quotas (as described in the announcement) | | | | | | | | | | | | | | | |  |
| Financing Option  (mark only one option): | | I do not have employment or a scholarship and wish to apply for a scholarship for the course | | | | | | | | | | | | | | | | | | | | | |  |
| I have employment but wish to apply for a scholarship for the course. My last salary was $ | | | | | | | | | | | | | | | | | | | | | |  |
| I will maintain employment during the course, without receiving salary | | | | | | | | | | | | | | | | | | | | | |  |
| I will maintain employment during the course, receiving salary | | | | | | | | | | | | | | | | | | | | | |  |
| I have a scholarship to be granted by | | | | | | | | | | | | | | | | | | | | | |  |
| Employment Link: | | Institution/Company: | | |  | | | | | | | | | | | | | | | | | | | |
| Period: | | | From: | | | |  | | | | To: | | | |  | | | | | | | |
| Type of Activity: | | |  | | | | | | | | | | | | | | | | | | | |
| Agreement from the Institution/Company: | | | Date: | | | | | | | Position/Function: | | | Signature\*: | | | | | | | | | |
| \*Signature of the Director or competent higher authority, expressing their agreement regarding the candidate’s leave to take the course, if selected, on a full-time basis. | | | | | | | | | | | | | | | | | | | | | | |
| **Statement** | | | | | | | | | | | | | | | | | | | | | | | | |
| I DECLARE that this application contains complete and accurate information, that I accept the system and the criteria adopted by the institution to evaluate it, as well as the rules established by the Graduate Studies Regulation of UENF and the course. | | | | | | | | | | | | | | | | | | | | | | | | |
| Location: | | | | Date: | | | | | | Signature: | | | | | | | | | | | | | | |
|  | | | |  | | | | | |  | | | | | | | | | | | | | | |
| **Termo de Compromisso** | | | | | | | | | | | | | | | | | | | | | | | | |
| I commit to delivering a notarized copy of the diplomas of Bachelor’s and/or Master’s degrees, or equivalent documents, by the deadline for initial enrollment, according to the Academic Calendar. I also declare that I am aware that non-compliance with the above will result in the cancellation of my enrollment and the consequent loss of the vacancy. | | | | | | | | | | | | | | | | | | | | | | | | |
| Location: | | | | Date: | | | | | | Signature: | | | | | | | | | | | | | | |
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