

MINISTRY OF EDUCATION
FEDERAL UNIVERSITY OF PARAÍBA

# APPLICATION FORM

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| --- |
| :N Full Name: |
| Nationality: | Profession: | Civil status: |
| Passport Number or Official identity document: | Phones for contact with DDD: | E-mail:  |
| Address: |
| If filled in by an attorney: |
| Full name of attorney: |
| Nationality: | ID number of attorney: | Voter ID N° of attorney: |
| Address of attorney:  |
| In the terms of art. 10 of CONSEPE Resolution 24/2019, registration in the Visiting Professor Simplified Selection Process referred to in Public Call 2019, is required as follows: |
| Responsable Department:  | Knowledge area to which you wish to subscribe: |
| Is application fee exemption requested? ( ) Yes – No ( ) | Bearer of deficiency: ( ) Yes – No ( ) |
| I confirm that I have received the official calendar of the Public Call. Finally, I declare and certify that I have fully and unconditionally accepted the rules of this selection process, notably those contained in Law No. 8.112 of 1990, Decree No. 6.944/2009, CONSEPE Resolution 24/2019, No. 07/2017 74/2013 and Visiting Public Call / 2019.  |
| Place and Date | Signature of candidate or attorney |