

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 | | | |