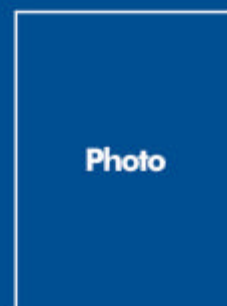


APPLICATION FOR INTERNATIONAL STUDENTS UNDERGRADUATE / GRADUATE



Thank you for your interest in our courses!

This application requests important information for your enrollment. We would like to draw your attention to the other documents necessary for your acceptance.

We look forward to reviewing your completed application and we will be pleased to help you with the enrollment procedure and your visit to Brazil.

You will receive institutional material with useful information about FAAP, São Paulo and Brazil soon. If you have any doubt or comment, do not hesitate to contact us.

Candidates are strongly recommended to apply early:

First semester (February - June).

Second semester (August- December).

SENDING YOUR APPLICATION AND OTHERS PAPERS

•Exchange Students:

If you apply through an Academic Exchange Program between your institution and FAAP, you must send your documents through your Study Abroad Office to the International Office of FAAP.

•Independent Students:

If you apply by your own, you must send your documents (including this application) to the International Office of FAAP.

Documents Required:

1. This Application Form (that can also be found at FAAP's website);
2. Résumé;
3. The most recent school transcript;
4. Two photographs size 3X4;
5. A copy of health insurance valid in Brazilian territory during the semester of the exchange program;
6. A copy of the passport;
7. List of FAAP's subjects that you wish to take during the semester of exchange program*.

* Remember that it is not FAAP's responsibility to assure the recognition and good use of the subjects attended during the semester of the exchange program. This is an exclusive decision of your institution. In this context, we suggest you to obtain orientation from the Academic Advisor at your institution.

The courses offered by the Institution are available in the page of each faculty of FAAP's website: <http://www.faap.br>

INSTRUCTIONS

- The International Office will send the letter of acceptance and the "Kit FAAP" to your Exchange Program Coordinator. If you are an independent student, you will receive it at home;

- It is the student's responsibility to apply and obtain the student visa;

- The International Office will help you to find a suitable accommodation in São Paulo. For more information, please contact: rel.internacional2@faap.br

- Contact the International Office to obtain information about fees.

Clearly fill in the data request in this application. The information will be used to fill out official documents during your stay at FAAP. The entire information requested will be treated as confidential and only for administrative purposes.

1. Promotional Information

How did you know about the programs that FAAP offers?

- Promotional literature published by your own school. Specify the type: _____
- Recommendation by your academic counsellor or a teacher.
- Recommendation by your Study Abroad Coordinator.
- Recommendation by a friend.
- Publications. Specify which one(s): _____
- Internet. Specify where: _____
- Other: _____

2. General Information

•Name: _____
Last name Name

•Date of Birth: _____ •Gender: Female Male
Month Day Year

•Passport Number: _____ •Citizenship: _____

•Permanent address: (If you are an independent student, you will receive your letter of acceptance at this address. If you are an exchange student, you will receive your letter of acceptance through the Program Coordinator at your school. In any of these cases your address must be provided below.)

Number _____ Street _____ City _____
State / Province _____ Zip Code _____ Country _____

Telephone:
Country Code _____ City Code _____ Number _____

Fax:
Country Code _____ City Code _____ Number _____

E-mail: _____

•Who will cover your expenses during your stay in Brazil?

Last name _____ Name _____

Number _____ Street _____ City _____

State / Province _____ Zip Code _____ Country _____

Telephone:
Country Code _____ City Code _____ Number _____

Fax:
Country Code _____ City Code _____ Number _____

E-mail: _____

•In case of emergency, please notify:

_____ Name _____
Last name

Telephone:
Country Code _____ City Code _____ Number _____

MEDICAL INFORMATION

•Blood Type: _____

•Allergies to medications: _____

•Allergies in general: _____

•Indicate any present emotional or physical condition which could require medical attention during your stay in Brazil. (Please specify the medication that will be prescribed during your stay):

•Important remarks if medical attention is required:

EDUCATIONAL BACKGROUND

Please list all colleges or/and universities you have attended, starting with the most recent:

| School / Country | Entered Month / Year | Withdrew Month / Year | Major | Degree |
|------------------|-------------------------|--------------------------|-------|--------|
| | | | | |
| | | | | |
| | | | | |

•Home institution contact information:

Contact Person/ Name and Title: _____

Number _____ Street _____ City _____

State / Province _____ Zip Code _____ Country _____

Telephone:

Country Code _____ City Code _____ Number _____

Fax:

Country Code _____ City Code _____ Number _____

E-mail: _____

•Language knowledge:

Portuguese

- Beginner
- Intermediate
- Fluent

•Others languages skills:

English:

- Beginner
- Intermediate
- Fluent

Spanish:

- Beginner
- Intermediate
- Fluent

French:

- Beginner
- Intermediate
- Fluent

Other: _____

- Beginner
- Intermediate
- Fluent

•Have you ever been subject to academic suspension or dismissal from any school or college?

- Yes
- No

•Type of institutional agreement under which you are participating:

- Bilateral agreement between your university and FAAP.
- I am a RLCU student
- I am an ISEP student
- None (independent student)

•Have you ever visited FAAP before?

- Yes
- No

If you have attended FAAP before, please complete the following request information:

Student ID Number (matricula): _____

Course: _____ Academic period: _____

•Have you ever participated in any other exchange program?

- Yes
- No

If you answer is yes, please complete the following request information:

Country _____

School _____

Period _____

•Please specify the program and the academic period in which you intend to be enrolled:

Undergraduate:

Academic Period:

- February - June (first semester)
- August - December (second semester)

Graduate:

Course: _____



FUNDAÇÃO ARMANDO ALVARES PENTEADO

International Office

903, Alagoas Street, Zip Code 01242-902

São Paulo, Brazil

Phone: 55 11 3662.7159 / Fax: 55 11 3662.7103

e-mail: rel.internacional@faap.br

rel.internacional2@faap.br

rel.internacional3@faap.br

www.faap.br