



# FAAP

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## Portuguese as a Second Language Application Form

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**Dear Prospective Student,**

Thank you for your interest in our courses!

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

We look forward to reviewing your application and we will be pleased to help you with the enrollment procedures 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.

## **SENDING YOUR APPLICATION AND OTHER DOCUMENTS**

### **REQUIRED DOCUMENTS:**

1. Application Form;
2. Résumé;
3. One photograph size 3 x 4 (digital photo can also be accepted);
4. A copy of the identification page of your passport.
5. Non native Spanish speakers and non native English speakers must provide one of the following English Proficiency Tests: IELTS–5, TOEIC–500 or TOEFL iBT-67. If the applicant cannot provide one of the exams, an interview with the Coordinator will be decisive for the acceptance in the Portuguese Course.

### **INSTRUCTIONS:**

1) Send a scanned copy of the required documents or via e-mail to Augusto de Freitas / [rel.internacional3@faap.br](mailto:rel.internacional3@faap.br); or send the original documents by courier to:

**Fundação Armando Álvares Penteado – FAAP**

**Departamento de Intercâmbio e Internacionalização**

**Rua Alagoas, 903, CEP 01242-902 - São Paulo, Brasil**

2) After receiving the documents, the international Office will confirm the placement in the program by sending an email to the candidate containing the service contract in attachment.

The candidate must confirm the acceptance of the study offer by signing the contract and paying 30% of the total amount of the course.

The cancellation of the registration before the beginning of classes shall authorize the devolution of 70% (seventy percent) of the amount paid, up to 30 (thirty) days after the formalization of the respective request at FAAP.

In case of cancellation of registration due to proven denial of visa by the Brazilian consular representation, the devolution of the total amount of the course, discounted 150 USD (one hundred and fifty US dollars) corresponding to the administrative fee, will be authorized.

The total amount of the course must be paid until the orientation day.

Candidates applying through their home institutions will receive the letter of acceptance at the International Office of the respective institution. Independent students must provide the most convenient address to receive the letter.

3) It is the student's responsibility to apply and obtain the student visa and health insurance valid during the period of the program in Brazil. Please note that not all programs are suitable to obtain the student visa.

The International Office will help you to find suitable accommodation in São Paulo. Please, contact Augusto de Freitas / [rel.internacional3@faap.br](mailto:rel.internacional3@faap.br).

For further information, please contact: Augusto de Freitas / [rel.internacional3@faap.br](mailto:rel.internacional3@faap.br)

**SECTION 1- PROGRAM DETAILS:**

**I am applying for the following program/s:**

Portuguese Intensive I (Spanish or English Speakers)

Period:  January  February  July  August

Portuguese Intensive II (Spanish or English Speakers)

Period:  January  February  July  August

Portuguese Extensive I

Period:  February - July  August-December

Portuguese Extensive II

Period:  February - July  August-December

Portuguese Extensive III

Period:  February - July  August-December

Portuguese Semi-Intensive I

Period:  March-May  September-November

CELPE BRAS

Period:  March-April  August-September

Private Lessons (PACK of 12 hours)

**SECTION 2 - PERSONAL DETAILS**

• Last name \_\_\_\_\_ Name \_\_\_\_\_ Middle name \_\_\_\_\_

• Date of Birth: \_\_\_\_\_ • Gender:  Female  Male  
Month Day Year

• Passport Number: \_\_\_\_\_ • Citizenship: \_\_\_\_\_

• Mother's name (full name) \_\_\_\_\_

• Father's name (full name) \_\_\_\_\_

• Permanent address:

Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_

State / Province \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone: Country Code \_\_\_\_\_ City Code \_\_\_\_\_ Number \_\_\_\_\_

Mobile: Country Code \_\_\_\_\_ City Code \_\_\_\_\_ Number \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Last name \_\_\_\_\_ Name \_\_\_\_\_

State / Province \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone: Country Code \_\_\_\_\_ City Code \_\_\_\_\_ Number \_\_\_\_\_

Mobile: Country Code \_\_\_\_\_ City Code \_\_\_\_\_ Number \_\_\_\_\_

E-mail: \_\_\_\_\_

**• In case of emergency, please notify:**

Last name \_\_\_\_\_ Name \_\_\_\_\_

Telephone: Country Code \_\_\_\_\_ City Code \_\_\_\_\_ Number \_\_\_\_\_

Do you have physical or sensory disability?  Yes  No

If yes, please enclose details in a separate envelope marked "Confidential". Please include a recent relevant report from your doctor and information on any special needs arising from your disability.

• Blood Type: \_\_\_\_\_

• Allergies to medications: \_\_\_\_\_

• Allergies in general: \_\_\_\_\_

**SECTION 3 - EDUCATIONAL DETAILS**

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: \_\_\_\_\_

Last name \_\_\_\_\_ Name \_\_\_\_\_

State / Province \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone: Country Code \_\_\_\_\_ City Code \_\_\_\_\_ Number \_\_\_\_\_

Mobile: Country Code \_\_\_\_\_ City Code \_\_\_\_\_ Number \_\_\_\_\_

Fax: Country Code \_\_\_\_\_ City Code \_\_\_\_\_ Number \_\_\_\_\_

E-mail: \_\_\_\_\_

**• Language knowledge:**

**Portuguese**

Beginner  Intermediate  Fluent

**• Others languages skills:**

**English** **Spanish** **French** **Other:** \_\_\_\_\_

Beginner  Beginner  Beginner  Beginner

Intermediate  Intermediate  Intermediate  Intermediate

Fluent  Fluent  Fluent  Fluent

• Have you ever been subject to academic suspension or dismissal from any school or college?  Yes  No

• Have you ever visited FAAP before?  Yes  No

In case you have studied at FAAP before, please complete the information below:

Student ID Number (matrícula): \_\_\_\_\_

Course: \_\_\_\_\_ Academic period: \_\_\_\_\_

**SECTION 4 - ACCOMMODATION**

Do you wish to apply for a place in a Homestay or Student house?  Yes  No

Note: FAAP does not have residence hall in the campus, the options available for international students are Homestay and Student house. The International Office will help you to find an accommodation upon request.

## SECTION 5 - PAYMENT

- International students applying for the Extensive Portuguese Courses must pay 30% of the total tuition fees in advance. Please confirm the price with the International Office.
- International students applying for the Intensive Portuguese Courses, the Semi-Intensive Portuguese Course, and CELPRE-Bras Preparatory Course must pay the full tuition fees in advance.
- Private lessons must be paid in advance.

### 1) For credit card payment:

Please provide the details below for credit card payment

Credit Card:  Visa  Mastercard

Name of the cardholder: \_\_\_\_\_

Card number: \_\_\_\_\_ Security number: \_\_\_\_\_

Expiration date (dd/mm/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Amount: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### 2) For bank transfer payment only:

Candidates will receive an invoice from the International Office to proceed with the transfer. When making payment by bank transfer, please ensure you include your name in it.

Once you have made the payment, please include a copy of the remittance advice that you receive from the bank with your application form as a proof of payment.

Study Abroad Students will pay tuition fees for the semester of study abroad at FAAP and will receive a separate invoice after confirming the courses they will take during the semester-program.

**Beneficiary name: FUNDAÇÃO ARMANDO ALVARES PENTEADO**  
**CNPJ: 61.451.431/0001-69**  
**Bank name: BANCO BRADESCO S/A. (237)**  
**Agency: 0614-9**  
**Account Nº. 1.369-2**  
**SWIFT: BBDEBRSPPO**  
**IBAN: BR8960746948006140000013692C1**

## STUDENT STATEMENT

I have completely read and answered all the questions on this application to my best knowledge. If I am admitted to FAAP, I agree to follow its rules.

\_\_\_\_\_  
Date Name Student's signature

### • Internal Use:

International Office:  
\_\_\_\_\_  
\_\_\_\_\_



FUNDAÇÃO ARMANDO ALVARES PENTEADO  
**International Office**  
903, Alagoas Street, Zip Code 01242-902 São Paulo, Brazil  
Phone: 55 11 3662.7159 | Fax: 55 11 3662.7257  
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