



FAAP

Undergraduate and Graduate Study Abroad / Exchange Application Form

Photo

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 to the other documents necessary for your acceptance.

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

SENDING YOUR APPLICATION AND OTHER PAPERS

• Exchange Students:

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

• Independent Students (Study Abroad):

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 and copy of your Undergraduate degree if you are graduated;
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. Personal Statement.

SECTION 1 - PROGRAMME DETAILS:

I am applying for the following program:

- Study Abroad Program
- Exchange Program (Bilateral Agreement)
- Semester 1 (February to June) Semester 2 (August to December)
- Full academic year, starting on February August

Where did you hear about this programme? _____.

SECTION 2 - PORTUGUESE COURSES

Do you want to take the **Intensive Portuguese Course**? Yes No

If yes, please select one of the months below: January February June/July August

Do you want to take the **Extensive Portuguese Course** during the semester?

If yes, please select one of the months below: February/March-July August-December

Note: Please get in touch with the International Office to check the tuition fees for this program.

SECTION 3 - PERSONAL DETAILS

- 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 _____
- Mobile: 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 _____

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: _____

• 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. All the medical documentation.

• Blood Type: _____

• Allergies to medications: _____

• Allergies in general: _____

SECTION 4 - 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 _____

Number _____ Street _____ City _____

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

- 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

• Have you ever visited FAAP before? Yes No

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

Student ID Number (matrícula): _____

Course: _____ Academic period: _____

SECTION 5 - FAAP'S SUBJECTS YOU WANT TO TAKE

SUBJECT	CODE	COURSE (MAJOR)	SCHOOL

* 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: www.faap.br.

SECTION 6 - ACCOMMODATION

Do you wish to request assistance in order to find a suitable Homestay?

- Yes
- No

Note: FAAP does not have residence hall in the campus, the option available for international student is Homestay. The International Office will help you to find an accommodation upon request.

SECTION 7- APPLICATION FEE

International Students must pay an application fee of **US\$150** to process the application (not reimbursable). For credit card payment only, please provide details below for the payment of the application fee.

Credit Card details: Visa Mastercard

Name of cardholder: _____

Card number: _____ Security number: _____

Expiration date (dd/mm/yy) _____ / _____ / _____.

Date: _____.

Signature: _____.

For bank transfer payment only, please use the bank details below to make the US\$ 150 application fee payment:

Beneficiary name: FUNDAÇÃO ARMANDO ALVARES PENTEADO
CNPJ: 61.451.431/0001-69
Bank name: BANCO BRADESCO S/A. (237)
Agency: 0614-9
Account N°. 1.369-2
SWIFT: BBDEBRSPSPO

When making payment by bank transfer, please ensure you include your complete name.
When you have made the payment, please enclose a copy of the remittance advice that you receive from the bank with your application form as proof of payment.

Study Abroad Students will pay tuition fees for the semester taken at FAAP and will receive a separately invoice after confirming the courses they will take during the semester-program. Students who have also selected the Intensive Portuguese Course or the Extensive Portuguese Course will receive a separately invoice for these program.

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
Date	Name	Study Abroad Coordinator signature

• **Internal Use:**
International Office:

Faculty:



FUNDAÇÃO ARMANDO ALVARES PENTEADO
International Office

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www.faap.br