



FAAP

Portuguese as a Second Language

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 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 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 questions, do not hesitate to contact us.

SENDING YOUR APPLICATION AND OTHER DOCUMENTS

INSTRUCTIONS:

1. Fill out the application form and send it together with documentation bellow to the email rel.internacional5@faap.br:
 - o CV or LinkedIn;
 - o A digital photo;
 - o Copy of your passport identification page;
 - o Candidates who are not native speakers of English or Spanish must present either an English proficiency test: IELTS-5, TOEIC-500 or TOEFL IBT-67 or set an interview with the coordination for proving his level of English, which will be decisive for acceptance into the course.
2. Wait for the analysis of your registration. You will be contacted by a member of the FAAP team;
3. After the approval of your registration, make the payment and sign the contract. Please, scan the contract and send it by email;
4. We will send you a letter of acceptance so that you can apply for a student visa (required for courses longer than two months).

If you are **applying from your home Institution**, we will send the acceptance letter straight to your Institution. If you are **an independent student**, we will send the acceptance letter to the address mentioned in your application form.

We emphasize that it is the student's responsibility to apply for the student VISA.

It is mandatory a health insurance valid in Brazil, for the period of the course. The policy must be sent to FAAP, by email, within 15 days before the beginning of the course. If the document is not sent, the enrollment may be canceled.

STUDENT VISA

To join the Extensive Portuguese Course is mandatory to have a **student VISA**. Check with the Brazilian embassy/ consulate in your country what documents are required to obtain it. VISA is the sole responsibility of the student. The applicant must send us, by e-mail, a copy of the student VISA up to 30 days before the course starts.

PORTUGUESE LEVEL

If you have already studied Portuguese before, it is necessary to schedule an interview with the coordination by email at rel.internacional5@faap.br.

Cancellation of registration before the beginning of classes will authorize the return 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 the registration due to proven denial of the visa by the Brazilian consular representation, the refund of the total amount of the course will be authorized and 150 USD (one hundred and fifty American dollars) - corresponding to the administrative fee - will be deducted.

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

For further information, please contact [Andressa Rodrigues](#)

SECTION 1- PROGRAM DETAILS:

I am applying for the following program:

ON-CAMPUS COURSES

Portuguese Extensive I

Period: July - December

Portuguese Extensive II

Period: July - December

Portuguese Extensive III

Period: August - December

SECTION 2 - PERSONAL DETAILS

• First name _____ Middle name _____ Last name _____

• Date of Birth: ____ / ____ / ____ • Gender: Female Male
Day Month Year

• Passport Number: _____ • Citizenship: _____

• Mother's full name _____

• Father's full name _____

• 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 _____ Address _____ City _____

State / Province _____ Zip Code _____ Country _____

Telephone: Country Code _____ City Code _____ Number _____

Mobile*: Country Code _____ City Code _____ Number _____

Fax/ Other: Country Code _____ City Code _____ Number _____

E-mail: _____

*Do you allow FAAP to contact you by WhatsApp? Yes No

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

Myself Other Person:

Last name _____ First 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 _____ First 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 _____ First 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

• Other languages skills:

English	Spanish	French	Other:
<input type="checkbox"/> Beginner	<input type="checkbox"/> Beginner	<input type="checkbox"/> Beginner	<input type="checkbox"/> Beginner
<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Intermediate
<input type="checkbox"/> Fluent	<input type="checkbox"/> Fluent	<input type="checkbox"/> Fluent	<input type="checkbox"/> 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 (matricula): _____

Course: _____ Academic period: _____ 4

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.

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

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	Full name	Student's signature
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• Internal Use:

International Office:



FAAP



FUNDAÇÃO ARMANDO ALVARES PENTEADO
International Office

903, Alagoas Street, Zip Code: 01242-902 São Paulo, Brazil

Telephone: 55 11 3662.7103

rel.internacional5@faap.br

www.faap.br