| **Name** |  |
| --- | --- |
| **E-mail** |  |
| **Phone** |  |
| **Nationality** |  |
| **CPF/Passport** |  |
| **Date of birth** |  |
| **Address (City/State/ZIPCode)** |  |
| **Home Institution** |  |
| **Qualification data** | - Last level studied:  - Year of graduation:  - Degree course or field:  - Institution's country:  - Institution name: |
| **Planned period as a researcher** |  |
| **Title of the research project linked to the researcher's activities** |  |
| **Name of the person responsible for the research** |  |
| **Department** |  |
| **Agency** | ( ) Capes ( ) Epamig  ( ) CNPq ( ) Fapemig  ( ) Embrapa  ( ) Outros / Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Obs.: Attach proof of the researcher's relationship with UFLA. E.g. email from FAPEMIG confirming the implementation of the Scholarship.** | |

**APPLICATION**

I hereby request that the PRO-RECTORY OF RESEARCH authorize the registration of the researcher according to the following data:

Lavras,\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_de 20\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher Head of Department

| The UFLA Pro-Rectory of Research authorizes the registration of the researcher at this institution during the period from \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pro-Rector of Research |
| --- |