**APPLICATION**

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

|  |  |
| --- | --- |
| **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.** |

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Researcher Head of Department

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