

ANNEX II

APPLICATION FORM AND COMMITMENT TERM

Dear Sir/Madam Coordinator of the

Graduate Program in \_\_\_\_\_

I, \_\_\_\_\_ resident at  
street/ave. \_\_\_\_\_ #. \_\_\_\_\_

at City \_\_\_\_\_, State \_\_\_\_\_, Country  
\_\_\_\_\_, Telephone (\_\_\_\_) \_\_\_\_\_, e-mail \_\_\_\_\_

respectfully ask you to accept my application to this simplified public selection as  
() **Visiting Professor** or () **Visiting Foreign Professor or Researcher** to be linked to the Graduate  
Program in \_\_\_\_\_ . I declare that I am aware that all the

documents required to complete my application will be subject to evaluation, and the application will be  
null in case of any irregularity, comply with all the rules of the selection in question, described in the  
**PUBLIC SELECTION FOR THE POSITION OF VISITING FOREIGN PROFESSOR OR RESEARCHER CALL FOR  
APPLICATIONS N. 387/2017**, published in the Brazilian Federal Government Official Gazette (17/11/2017),  
Section 3, page 42 and I am aware that, if not approved in the selection process, the documents must be  
withdrawn within 30 (thirty) days after the homologation of the result, at the end of this period they may  
be incinerated without prior notice, authorization or indemnification.

In these terms, I ask for your acceptance.

\_\_\_\_\_, \_\_\_\_ / \_\_\_\_\_ / 2017.

\_\_\_\_\_  
Signature of Applicant