

ANNEX II

APPLICATION FORM AND COMMITMENT TERM

Dear Sir/Madam Coordinator of the	
Graduate Program in	-
ι,	resident at
street/ave	#
at City, State,	Country
respectfully ask you to accept my application to this simplified public s	selection as
() Visiting Professor or () Visiting Foreign Professor or Researcher to be linked to	o the Graduate
Program in I declare that I am aw	are that all the
documents required to complete my application will be subject to evaluation, and the app	olication will be
denied in case of any irregularity, comply with all the rules of the selection in question, d	lescribed in the
PUBLIC SELECTION FOR THE POSITION OF VISITING FOREIGN PROFESSOR OR RESEARCE	HER CALL FOR
APPLICATIONS N. 387/2017, published in the Brazilian Federal Government Official Gazette	e (17/11/2017),
Section 3, page 42 and I am aware that, if not approved in the selection process, the docu	ıments must be
withdrawn within 30 (thirty) days after the homologation of the result, at the end of this p	eriod they may
be incinerated without prior notice, authorization or indemnification.	
In these terms, I ask for your acceptance.	
Signature of Applicant	