



APPLICATION FORM FOR ACADEMIC MOBILITY UNDERGRADUATE EXCHANGE

STUDENT INFORMATION

NAME:	
DATE OF BIRTH:	NATIONALITY:
PASSPORT NO.:	COUNTRY OF RESIDENCE:
E-MAIL:	
MOTHER'S NAME:	
FATHER'S NAME:	
EMERGENCY CONTACT (NAME):	
EMERGENCY CONTACT (EMAIL):	

LANGUAGE PROFICIENCY

PORTUGUESE:	☐ BEGINNER	☐ INTERMEDIATE	☐ ADVANCED
	☐ BEGINNER	☐ INTERMEDIATE	☐ ADVANCED
	☐ BEGINNER	☐ INTERMEDIATE	☐ ADVANCED
	☐ BEGINNER	☐ INTERMEDIATE	☐ ADVANCED

ACADEMIC INFORMATION

HOME INSTITUTION:	
COURSE:	GRADE:
ACADEMIC COORDINATOR:	EMAIL:
INSTITUTIONAL COORDINATOR:	EMAIL:

MOBILITY APPLICATION

COURSE AT UEL:	
ACADEMIC TERM:	
MOBILITY PERIOD: FROM / / TO / /	

LEARNING AGREEMENT

Course Unit Code	Course Unit Title at HOME INSTITUTION /	Number of Credits / Course Unit Workload	Course Unit Code	Course Unit Title at UEL	Number of Credits / Course Unit Workload



LEARNING AGREEMENT

Course Unit Code	Course Unit Title at HOME INSTITUTION /	Number of Credits / Course Unit Workload	Course Unit Code	Course Unit Title at UEL	Number of Credits / Course Unit Workload
TOTAL:			TOTAL:		

TO COMPLETE THE LEARNING AGREEMENT PLEASE CONSULT [HTTPS://SITES.UEL.BR/INTERNATIONAL/UNDERGRADUATE/](https://sites.uel.br/international/undergraduate/). THE CHOSEN COURSE UNITS **MUST** CORRESPOND TO THE MOBILITY TERM/SEMESTER (A = ANNUAL; 1S = FIRST SEMESTER; 2S = SECOND SEMESTER).

STUDENT

I hereby declare that the above information is true.

Date:

HOME INSTITUTION

We hereby approve the student's exchange application and the proposed learning agreement.

Academic Coordinator

Institutional Coordinator

Date:

Date:

UNIVERSIDADE ESTADUAL DE LONDRINA

We hereby approve the student's exchange application and the proposed learning agreement.

Academic Coordinator

Institutional Coordinator

Date:

Date: