

MINISTRY OF EDUCATION FEDERAL UNIVERSITY OF LATIN AMERICAN INTEGRATION DEAN'S OFFICE FOR INSTITUTIONAL AND INTERNATIONAL RELATIONS

ENCLOSURE I

DECLARATION FORM

Name:	Surname:		
Date of Birth://	<u> </u>		
ID Number:			
	Declaration		
1. I declare I am a nationa	al of and a resident of		
2. I declare I understand S	Spanish and/or Portuguese.		
3. I declare I have read ar	nd understood PUBLIC NOTICE # 04/2024/PROINT and i	ts enclosure	s, which was
also made available in S _l	panish, and so I accept the terms and conditions esta	ablished in i	t in order to
participate in this selection	on process.		
4. I declare that if I get a	seat at UNILA I will pay for all the costs regarding docur	ments and le	egalization in
my country of origin, as v	well as the costs regarding tickets to Brazil and back to	my country,	if that is the
case.			
In witness whereof, I willi	ingly sign the present Declaration in the place and date	as follows:	
		of	, 2024.
	Signature		