



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

**ENCLOSURE I
DECLARATION FORM**

Full name : _____

Date of birth: ___/___/___

Country of origin: _____

Type of Visa: () Refugee/Refugee Applicant () Humanitarian Visa

Declarations

1. I declare I am a national of _____ and a resident of _____.
2. I declare I understand Spanish and/or Portuguese.
3. I declare I have read and understood the PUBLIC NOTICE #05/2024/PROINT and its enclosures, and so I accept the terms and conditions established in it in order to participate in this selection process.

In witness whereof, I willingly sign the present Declaration in the place and date as follows:

_____, _____ of _____, 2024.
City Day Month .

Signature