

**Project title:** \_\_\_\_\_

Home university: \_\_\_\_\_ Country: \_\_\_\_\_

**Team representative (Professor):** \_\_\_\_\_

Contact of parents or family: \_\_\_\_\_

Name and Parantage: \_\_\_\_\_

Telephone and email: \_\_\_\_\_

Date and time you are going to arrive in Brazil: \_\_\_\_\_

Place you are going to arrive:  Guarulhos Airport / Flight number: \_\_\_\_\_  Tietê Bus Station

Passport/ID number: \_\_\_\_\_ Birth date (d/m/y): \_\_\_\_/\_\_\_\_/\_\_\_\_

I am insured against illness, accidents including death and repatriation in case of illness, accidents or death during the interchange program. I am aware that Inatel cannot be held responsible for any accidents that may occur during the time of the interchange program.

Insurance Company: \_\_\_\_\_ Insurance Receipt N°. \_\_\_\_\_

**Student 1:** \_\_\_\_\_

Contact of parents or family: \_\_\_\_\_

Name and Parantage: \_\_\_\_\_

Telephone and email: \_\_\_\_\_

Date and time you are going to arrive in Brazil: \_\_\_\_\_

Place you are going to arrive:  Guarulhos Airport / Flight number: \_\_\_\_\_  Tietê Bus Station

Passport/ID number: \_\_\_\_\_ Birth date (d/m/y): \_\_\_\_/\_\_\_\_/\_\_\_\_

I am insured against illness, accidents including death and repatriation in case of illness, accidents or death during the interchange program. I am aware that Inatel cannot be held responsible for any accidents that may occur during the time of the interchange program.

Insurance Company: \_\_\_\_\_ Insurance Receipt N°. \_\_\_\_\_

**Student 2:** \_\_\_\_\_

Contact of parents or family: \_\_\_\_\_

Name and Parantage: \_\_\_\_\_

Telephone and email: \_\_\_\_\_

Date and time you are going to arrive in Brazil: \_\_\_\_\_

Place you are going to arrive:  Guarulhos Airport / Flight number: \_\_\_\_\_  Tietê Bus Station

Passport/ID number: \_\_\_\_\_ Birth date (d/m/y): \_\_\_\_/\_\_\_\_/\_\_\_\_

I am insured against illness, accidents including death and repatriation in case of illness, accidents or death during the interchange program. I am aware that Inatel cannot be held responsible for any accidents that may occur during the time of the interchange program.

Insurance Company: \_\_\_\_\_ Insurance Receipt N°. \_\_\_\_\_

**Student 3:** \_\_\_\_\_

Contact of parents or family: \_\_\_\_\_

Name and Parantage: \_\_\_\_\_

Telephone and email: \_\_\_\_\_

Date and time you are going to arrive in Brazil: \_\_\_\_\_

Place you are going to arrive:  Guarulhos Airport / Flight number: \_\_\_\_\_  Tietê Bus Station

Passport/ID number: \_\_\_\_\_ Birth date (d/m/y): \_\_\_\_/\_\_\_\_/\_\_\_\_

I am insured against illness, accidents including death and repatriation in case of illness, accidents or death during the interchange program. I am aware that Inatel cannot be held responsible for any accidents that may occur during the time of the interchange program.

Insurance Company: \_\_\_\_\_ Insurance Receipt N°. \_\_\_\_\_

Signatures:

**Professor**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
d/m/y

**Student 1**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
d/m/y

**Student 2**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
d/m/y

**Student 3**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
d/m/y