**APPENDIX II**

**REGISTRATION FORM**

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| **CANDIDATE** | | | |
| **Name:** | | | |
| **Desired scholarship mode:** | **( ) Postdoc** | | **( ) Young Talent** |
| **Period of the Activity** **in Brazil:**  **Month/Year of start: \_\_\_\_\_\_/\_\_\_\_\_\_ Month/Year of termination: \_\_\_\_\_\_/\_\_\_\_\_\_** | | | |
| **Registration ORCID:** | | | |
| **Email:** | | | |
| **Telephone:** | | **Mobile Phone:** | |
| **CPF for Brazilians:** | | | |
| **Passport number (if foreigner):** | | | |
| **Date of the obtaining the doctorate (month/year): \_\_\_\_\_\_/\_\_\_\_\_\_** | | | |

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| **TEACHER PROPONENT** | |
| **Name:** | |
| **Registration SIAPE:** |  |
| **Telephone:** | **Mobile Phone:** |
| **Email:** | |
| **Additional email:** |  |
| **Registration ORCID:** | |
| **Link of the Curriculum Lattes:** | |
| **Unit:** | |
| **Graduate program:** | |
| **Another graduate/unit program involved (if any):** | |
| **Title of work, activity or internship:** | |
| **Network to which the proposal is linked: ( ) RICRONI ( ) RICEI ( ) RIDES** | |
| **Justification for the work plan/activities within the objectives of the Network:** | |

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| --- | --- | --- |
| **GRADUATE PROGRAM** | | |
| **Name of the Program Coordinator:** | | |
| **ORCID:** | | |
| **Email:** | | |
| **CPF:** | | |
| **Telephone:** | | **Mobile Phone:** |
| **Observation:** | | |
| **Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_** | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name and signature of the candidate** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name, signature and stamp of the proponent** | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name, signature and stamp of the course coordinator** | | |