**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** |