

## Questionnaire of arrival

Exchange Program for International Students

### Personal information

Full name: _____
Date of Birth: _____ Country of Birth: _____
E-mail address: _____
2 <sup>nd</sup> e-mail address: _____
Mobile Phone Number: _____

### Contact of parents or family

Name and Parantage: _____
Telephone and e-mail: _____

### Home University

Contact at Home University (name, email and phone): _____
_____
_____

### Trip

Date and duration of stay: From _____ to _____
Means of Transportation _____
Itinerary: _____
Day and time of arrival in Brazil _____
_____
Flight Number: _____ Name of the airport: _____
Other important information: _____
_____

## Insurance information

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 Number:

*IT IS IMPORTANT THAT YOU COMPLETE AND RETURN THIS FORM TO INATEL.*

***Student's signature***

***Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_***

***(day/month/year)***