**REGISTRATION FORM**

## **Course:** Economics, Business Administration & Accounting in Brazil – FEA-RP SUMMER SCHOOL 2024

## **Coordinator:** Alex Ferreira, Ph.D.

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| STUDENT INFORMATION | | | |
| Name (full name without abbreviations): | | | |
| ID USP (if applicable): | | | |
| Sex ( ) Male ( )Female Phone: | |  | |
| Passport number or R.G. number: | |  | |
| Date of Issue: | | Authority: | |
| Date of Expiry: | | Country: | |
| Date of Birth: | |  | |
| Place of Birth: | | Nationality: | |
| Father’s Name: | |  | |
| Mother’s Name: | |  | |
|  | | | |
| ADDITIONAL INFO: | | | |
| Home Address: | | | |
| City: | State: | | Zip Code: |
| Family Phone (in case of emergency): | | | |
| Email: | | | |
| Current level of education (bachelor/undergraduate, Master, Ph.D., Researchers): | | | |
| Program/Course: | | | |

I, the undersigned, authorize the University of São Paulo (USP), located in the city of São Paulo - SP, at Rua da Reitoria, 374, Cidade Universitária, registered under CNPJ nº 63.025.530/0001-04, through the School of Economics, Business Administration, and Accounting at Ribeirão Preto (FEA-RP), to use my images and statements obtained during my exchange period at FEA-RP/USP. I also authorize the dissemination of these images and statements through the media accessible to USP, such as the Internet, cable diffusion, and broadcasting.

I authorize that my images, statements, and videos recorded within the University may be edited and disseminated for an indefinite period, according to the discretion of the event organizers, provided they do not discredit my image or the image of the University to which I am affiliated. I also authorize the publication of promotional videos regarding my participation in the Exchange Program at FEA-RP on FEA-RP’s social media.

I attest that all information provided in this authorization is true.

Local / Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_