

GRANT AUTHORIZATION DOCUMENT

, has been awarded a grant by the Fulbright Commission in Brazil, established by Presidential Decree n. 7.176 on May 12, 2010, under the Mutual Educational Exchange Act, sponsored by the United States of America Department of State, Bureau of Educational and Cultural Affairs and the Government of Brazil, through the Brazilian Federal Agency for Support and Evaluation of Graduate Education (CAPES/MEC).

| Project Title: | |
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| Grant Category: J | |
| Period of Grant: 1 | |
| Host Institution: (| |
| £ | |
| 1 | |
| Faculty Associate: | |
| Dependents accompanying the grantee: | |
| Grant benefits: | |
| Benefits paid by the Fulbright Commission through wire-transfer to the | ne grantee's bank account in the U.S. |
| | n Brazil where the project is to be carried out will be made by the grantee. The nedical clearance is confirmed by the Institute of International Education (IIE) and ith the Fly America Act. |
| Health care coverage: The grantee will be covered by the Department of period. | State Accident and Sickness Program for Exchanges (ASPE) during the grant |
| Please note that Fulbright awards are contingent on receipt of medical of further information, please refer to the Fulbright Guidebook for U.S. Schola | clearance, confirmation of institutional affiliation, and availability of funds. For ars in Brazil. |
| 4314. | |
| Dr. Luiz Valcov Loureiro | Brasília, April 01, 2019 |
| Executive Director | · |
| | EEMENT |
| (Please, selec | et one of the options) |
| [] I accept the award offered to me and agree to abide by the attached T [] I decline the award. | erms and Conditions of Fulbright Award. |
| | |
| Grantee | Date (mm/dd/yyyy) |

To confirm your participation in the program you must sign and submit this document through the Grantee Information System (GIS).

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