

INTERNATIONAL AIR TICKET REQUEST FORM

GENERAL ORIENTATIONS:

1. The process of request for air tickets issuance can only be done after receiving the letter from Capes confirming the scholarship concession;
2. The air ticket request must be done with an anticipation of 30 days minimum from the departing date;
3. In order to do so, the respective form shall be filled, signed and sent to the electronic address scdp.bolsista@capes.gov.br, along with a passport copy (readable) with your personal information.
 - For further explanation related to the air ticket issuance process, please get in contact directly with Air and Land Transport Tickets Division (DPAT), through the email (scdp.bolsista@capes.gov.br) and/or the phone numbers informed at the bottom of the page;
 - After the air tickets issuance, for eventual modifications of a **particular nature** shall only be requested to **VOETUR**. In order to do so, the beneficiary shall get directly in contact with the agency by email (bolsista@voetur.com.br) and/or by the telephone number + 55 (61) 3771-3490;
4. Regarding the regular pre-requirements to travel internationally (such as passport and visa validities, along with vaccine checking - in mandatory cases), **are the entire responsibility of the beneficiary**;
5. Air tickets accountability (DPAT): after 5 (five) consecutive days of the arrival abroad, the beneficiary shall send directly to DPAT the boarding passes copies by the email informed above (scdp.bolsista@capes.gov.br).
 - Departure tickets: boarding passes + initial activities report;
 - Departure and return tickets: boarding passes + final activities abroad report (the same attached to SCBA).

IMPORTANT!

- If a Visa is demanded for the travel, the beneficiary must be aware of the necessary deadlines to obtain it, considering that any alteration will be financed by the grantee.
- For travel periods up to 6 months: it must be requested the departure and return air tickets, in a single requirement;
- We emphasize that the air tickets are valid to **12 months maximum**, from the emission date, not being possible to postpone it after this period;
- The air tickets will be cancelled if the beneficiary does not appear at the departure day ("no show"), even if the air ticket is a round-trip one.

By signing this form, the beneficiary agrees to manifest total responsibility for the data herein informed, knowing that, after the air ticket issuance, any other modification will run up on behalf of the beneficiary him(her)self, without any charges to Capes.

1 - PROCESS INFORMATION (according to Capes concession letter)

PROGRAM's NAME:		SCBA PROCESS N°:			
SCHOLARSHIP MODALITY:					
Chair	<input type="checkbox"/>	Sandwich Doctorate	<input type="checkbox"/>	Sandwich Undergraduation	<input type="checkbox"/>
Senior Visiting Professor	<input type="checkbox"/>	Full Master	<input type="checkbox"/>	Linguistic Teaching Assistant	<input type="checkbox"/>
Junior Visiting Professor	<input type="checkbox"/>	Sandwich Master	<input type="checkbox"/>	Technological Development (I-IV)	<input type="checkbox"/>
Post-Doctorate	<input type="checkbox"/>	Capacitation	<input type="checkbox"/>	Linguistic Improvement	<input type="checkbox"/>
Full Doctorate	<input type="checkbox"/>	Full Undergraduation	<input type="checkbox"/>		

DPAT phone numbers: (+5561) 2022-6872 / 6966 / 6874 / 6883 / 6873 / 6967

VOETUR Store phone number: (+5561) 3771-3490

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SCHOLARSHIP PERIOD:	
START DATE: ____/____/____	FINISH DATE: ____/____/____

2 - DISPLACEMENT

Round-Trip <input type="checkbox"/>	Only departure <input type="checkbox"/>	Only return <input type="checkbox"/>
ORIGIN Country: State/City:	DESTINATION Country: State/City:	
DEPARTURE PERIOD: from ____/____/____ to ____/____/____		
RETURN PERIOD: from ____/____/____ to ____/____/____		
FLIGHT SUGGESTIONS: Date: Air Company: Flight number: Time:		
IMPORTANT: The choice of the itinerary will be based on the principle of economy to the public agency, considering the periods informed for the respective research.		

3 - GRANTEE INFORMATION

TREATMENT: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>	
FULL NAME:	
NATIONALITY: Brazilian <input type="checkbox"/> Foreign <input type="checkbox"/>	
DOCUMENT:	
DATE OF BIRTH: ____/____/____	PERSONAL E-MAIL:
	PHONE NUMBER: ()
Do you need any special treatment or service? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please specify:	

3.1 - GRANTEE PASSPORT (TO BE USED DURING THE TRIP):

COUNTRY OF ISSUANCE:	
NUMBER:	VALIDITY: ____/____/____
INDICATED NAME:	
INDICATED LAST NAME:	

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