INTERNATIONAL STUDENT STATEMENT OF UNDERSTANDING

I, XXXXXXXXX, holder of Passport number XXXXXXXXX, issued on XXXXX, residing at XXXXXXXXXXX, as a student enrolled on a full-time basis at XXXXX Laboratory/UNIVERSITY, do hereby understand and agree to the following conditions as a visiting INTERNATIONAL STUDENT (IS) at the Gonçalo Moniz Research Center – Fiocruz-Bahia, located on Rua Waldemar Falcão, 121, Candeal, Salvador-BA, CEP: 40296-710, juridical entity no. (CNPJ n°) 33781055/0006-40.

I agree to comply with the following terms of my period of study at the XXXXXXX Laboratory of Fiocruz-Bahia, under the supervision/advisement of Dr. XXXXXX, researcher at Fiocruz-Bahia, for the period of XXX months. I do hereby declare that, in the case of a reduced period of study, I will provide notice to my supervisor and the Vice-Director of Education and Information no less than 2 days in advance of early termination; in the case of an extended period of study, I will submit, with the authorization of my supervisor, a letter of request to extend my period of study, no less than 7 days prior to its initial termination date.

I do hereby declare that I will be responsible for providing my own health insurance coverage for protection against personal accidents, under policy number XXXXXXX, contracted by University/College or contracted directly by me.

I agree to register as a visiting IS with the Academic Secretary of Fiocruz-Bahia and to comply with all required stipulations for the duration of the established period of study, including providing proof of health insurance. I understand that I will receive, from the admission date to the termination of the period of study, an identification card that that allows me to access facilities designated by my supervisor and/or other authorized personnel at Fiocruz-Bahia.

I agree to comply with all norms established by Fiocruz-Bahia, including institutional Biosafety Guidelines and Code of Conduct.

The present Statement of Understanding is governed by Brazilian Federal Law n° 9.608, which states that volunteer services rendered by the IS are to be considered as non-remunerated activities, provided by individuals to public entities of any kind, which do not constitute a contractual employment relationship, nor provide any type of worker’s pension or similar compensation.

My signature below certifies that I do hereby declare that I am in complete and total agreement with the conditions stipulated in the present Statement of Understanding, with three (3) equal copies signed in triplicate in the presence of the witnesses undersigned below.

\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_

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International Student

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Supervisor in the Collaborating International Institution

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Supervisor/Advisor at Fiocruz-Bahia

**WITNESSES**:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_