

Application Date: Day: Month: Year:

I. CARRER: _____
REGISTRATION NUMBER: _____

II. STUDENT PERSONAL INFORMATION:

Family Name (as stated in passport): _____ Given Name(S) _____
 Gender: Female _____ Male: _____ Date of birth: _____ Passport number: _____
 Place of birth: _____ Nationality: _____
 Address: _____ City: _____
 Province/State: _____ PO box: _____ Country: _____
 Phone Number (with international code): _____ Mobile: _____
 Home University: _____
 E-mail: _____

NOTE: : In case of Emergency or house moving during the exchange period, please contact Students exchange office responsible

III. EMERGENCY CONTACT (Host University): Notify to

Full name: _____
 Address : _____ City: _____
 Province/State: _____ PO box: _____ Country: _____
 Home phone number (with internacional code): _____ Mobile: _____
 E-mail: _____

IV. HOST UNIVERSITY INFORMATION:

Official name: _____
 School/Faculty/Campus/Institute/Other: _____
 Address: _____ City: _____
 Province/State: _____ PO box: _____ Country: _____

V. ACADEMIC INFORMATION:

Career: _____
 Level of studies you are currently undertaking, select the appropriate:
 Bachelor: Especialization Master degree Ph. D degree
 Current academic period: General average: Number of approved subjects:

VI. CONTACT AT HOME UNIVERSITY

Head of the exchange program at the host university: _____
 Position: _____ Phone Number (with international code): _____
 E-mail: _____

VII. Student medical information: (All spaces must be completed)

Name of the Medical Insurance with Comprehensive expatriate cover (180 days validity) _____ (aumentar otra fila)
 Blood type: _____ Allergies: _____
 Ongoing illnesses (please specify) _____
 Disabilities: None: Visual: Hearing Mobility Others:
 Please especify: _____

VIII. LANGUAGE PROFICIENCY (advance, intermediate, basic):

Spanish: _____ German: _____
 Portuguese: _____ Chinese: _____
 French: _____ Others: _____

IX. PRE REGISTRATION (before the application)

Type of Scholarship (coverage) _____

HOME UNIVERSITY: _____				HOST UNIVERSITY: _____			
Career code	Initials	Subject	Credits	Career code	Initials	Subject	Credits

 Career Director

 Signature

 Seal

X. FOR RESEARCH STAY:

Name of the project: _____
 Name of the tutor/ Director in the home institution: _____
 E-mail address: _____
 Name of the tutor/ Director in UTEPSA: _____
 E-mail address: _____

XI. FOR INTERNSHIP:

Name of the institution: _____
 Name of the tutor/ Director in the home institution: _____
 E-mail address: _____
 Nombre del tutor/Director de UTEPSA (en caso de tenerlo): _____
 E-mail address: _____

XII. LENGHT OF MOVILITY (in months)

Start date: day: month: year:
 Possible conclusion date: day: month: year:
 UTEPSA has a housing service in double rooms so it is essential to know about any special needs to evaluate the accommodation availability. If you have any special accommodation requirements please indicate the reason:
 Health Disabilities Others: _____
 Please specify: _____

Student's full name

signature

XIII. DOCUMENTS THAT MUST BE ATTACHED TO THE APPLICATION:

1. Home university nomination letter.
 2. Current academic record, with general average and grading scale.
 3. A written statement of purpose.
 4. Copy of complete insurance policy, including repatriation service for a minimum duration of 180 days. *
 5. Copy of the passport *
 6. Student Visa. (The student must have a criminal record certificate)
 7. Exchange Application Form PO-INT-100-2 (Pre-registration of subjects)
 8. Certification of Spanish language proficiency. Intermediate level (if applicable)
 9. In case of research stay or practice, include your work project purposes
 10. Two 3x4 (centimeters) photos with red background
 11. Application Form of Utepsa University
 12. Medical report with supporting clinical analysis
- (*) When the student has been accepted for the scholarship

**HEAD OF INTERNATIONALIZATION OR
COMPETENT AUTHORITY**

Signature

Full name: _____

Place and date: _____

FATHER /MOTHER OR TUTOR

Signature

Full name: _____

Place and date: _____

XIV. APPLICANT'S DECLARATION:

XIV. APPLICANT'S DECLARATION:

- I declare to know and fulfill all the terms and conditions of UTEPAS's internship program.
 II. I agree to comply the rules, regulations and obligations required by the host university
 III. I agree to take the student exchange program, for up to two consecutive semesters
 IV. During my studies abroad, I will be cover for an international life, accidents, illness and repatriation insurance.
 V. At the end of the exchange period, I assume the irrevocable commitment to return to my country; otherwise, I assume all responsibility for the non-compliance.
 VI. I declare to assume all the responsibilities of my actions and each of the rules, laws, regulations, in the host country, related to the follow: entry, stay, authorizations, visas, extensions and any other legal or administrative provision for my regular permanence. Delivering these responsibilities to third parties, including the UTEPSA University.
 VII. In case of non-compliance with the exposed points, the exchange benefit will be terminate by no circumstances to any later subsequent claims.

Full name _____

Place and date: _____

XV. PROGRAM MODIFICATIONS

PROGRAM MODIFICATIONS	
Voided Curricular Spaces	
Added Curricular Spaces	
HOME UNIVERSITY	
Name of the home university: _____	Country: _____
We confirm that the modifications previously detailed to the program or study contract initially agreed upon have been accepted.	

Institución seal

Signature and clarification of Academic Head
or Competent Authority

Signature and clarification of Institutional
coordinator or competent authority

Place and date _____

Place and date _____

HOST UNIVERSITY

Name of the host university: _____ Country: _____

We confirm that the modifications previously detailed to the program or study contract initially agreed upon have been accepted.

Institución seal

Signature and clarification of Academic Head
or Competent Authority

Signature and clarification of Institutional
coordinator or competent authority

Place and date: _____

Place and date: _____

Student's name and signature

Place and date