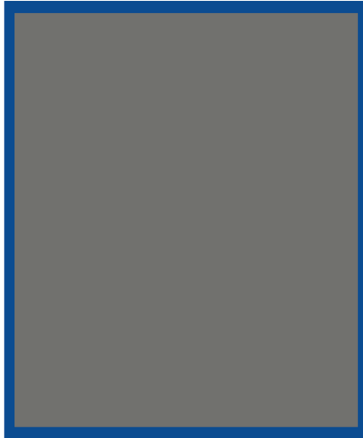




# Application form for exchange students in UACJ

## Personal Information



Full Name: \_\_\_\_\_

First Last Name

Second Last Name (If it applies)

Name (s)

Current address:

City

State/Province

Country

Mobile Phone Number: (\_\_\_\_) \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth:         Gender: \_\_\_\_\_

Day

Month

Year

Citizenship country:    Status: \_\_\_\_\_

City

State/Province

Country

## Emergency Contact

Full name: \_\_\_\_\_

First Last Name

Second Last Name (If it applies)

Names (s)

Address:

City

State/Province

Country

Mobile Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Application information

Application date:         Type of Exchange Program: \_\_\_\_\_

Day

Month

Year

Period: \_\_\_\_\_ Home institute: \_\_\_\_\_ Major: \_\_\_\_\_

Current semester in your institution : \_\_\_\_\_ G.P.A.: \_\_\_\_\_

Level of Study: \_\_\_\_\_

# Exclusive for Academic Exchange

National Consortium of participation: \_\_\_\_\_  
Choose one

Other (Specify): \_\_\_\_\_

International Consortium of participation: \_\_\_\_\_  
Choose one

Other (Specify): \_\_\_\_\_

Do you hold any scholarship?:  Yes  No \_\_\_\_\_  
Which one?

Host Faculty: \_\_\_\_\_  
Choose one

UACJ's Academic Program: \_\_\_\_\_

## Please write the subjects you want to study at UACJ:

	Subject	Code	Faculty
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>

# Exclusive for Research Exchange

## Information of UACJ's Researcher:

Full Name: \_\_\_\_\_

Position: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Host Department: \_\_\_\_\_

Taught Programs: \_\_\_\_\_

Taught Subjects: \_\_\_\_\_

Name of the Research Project:

\_\_\_\_\_

Research Project Development Place: \_\_\_\_\_

Date: **Start**       - **End**        
Date Month Year Day Month Year

# Exclusive for Apprenticeship Exchange

UACJ Academic Program: \_\_\_\_\_ Host Faculty:

Choose one

Type of activity:  \_\_\_\_\_

Choose one

Other (Specify)

Type of call:  \_\_\_\_\_

Choose one

Other (Specify)

Date: **Start**       - **End**        
Day Month Year Day Month Year

**Student's name:**

**Student's signature:**

**Home University's Mobility Program's  
Responsible's Name:**

**Home University's Mobility Program's  
Responsible's Signature**