

# Application form for exchange students in UACJ

FO-DGVIyRS-221-01



## Personal Information

**Full Name:** \_\_\_\_\_  
Name(s) First last name Second last name (if it applies)

**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

**Place of birth:**    **Status:**

City

State/Province

Country

## Emergency Contact

**Full Name:** \_\_\_\_\_  
First last name Second last name Name(s)

**Current address:**

City

State/Province

Country

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

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

## Application information

**Application date:**

Day

Month

Year

**Period:**

**Home institute:** \_\_\_\_\_

**Major:** \_\_\_\_\_

**Current grade in your institution:**

**P:A.:** \_\_\_\_\_ **Level of Study:**

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"/>

# Additional information

Only for face-to-face exchange

## Accomodation

Do you require information for accomodation?  Yes  No

Please write down any important information about yourself that you consider relevant for the internationalization office to know. (Illnesses, food habits, .....)

Please let us know if you have any special requirement you possess that we must know:

Student's name:

Home University's Mobility Program's  
Responsible's name:

Student's signature:

Home University's Mobility Program's  
Responsible's signature: