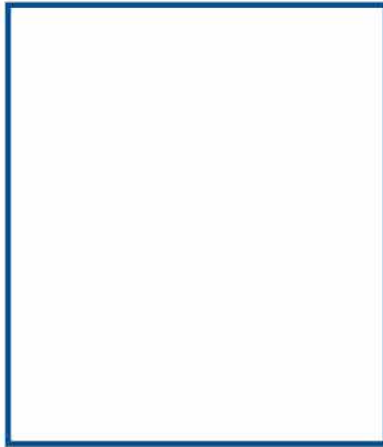


Application form for exchange students in UACJ

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: _____
Primer apellido Segundo apellido Nombre(s)

Current 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 grade in your institution:

P:A.: _____ **Level of Study:**

Exclusive for Academic Exchange

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 Investigation 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
Date Month Year Day Month Year

Additional information

Only for face-to-face exchange

Accommodation

Do you require information for accommodation? ☐ Yes ☐ No

Please, write information about yourself that you consider relevant for the Mobility Office to know (illnesses, food habits, or any other point you find important.)

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: